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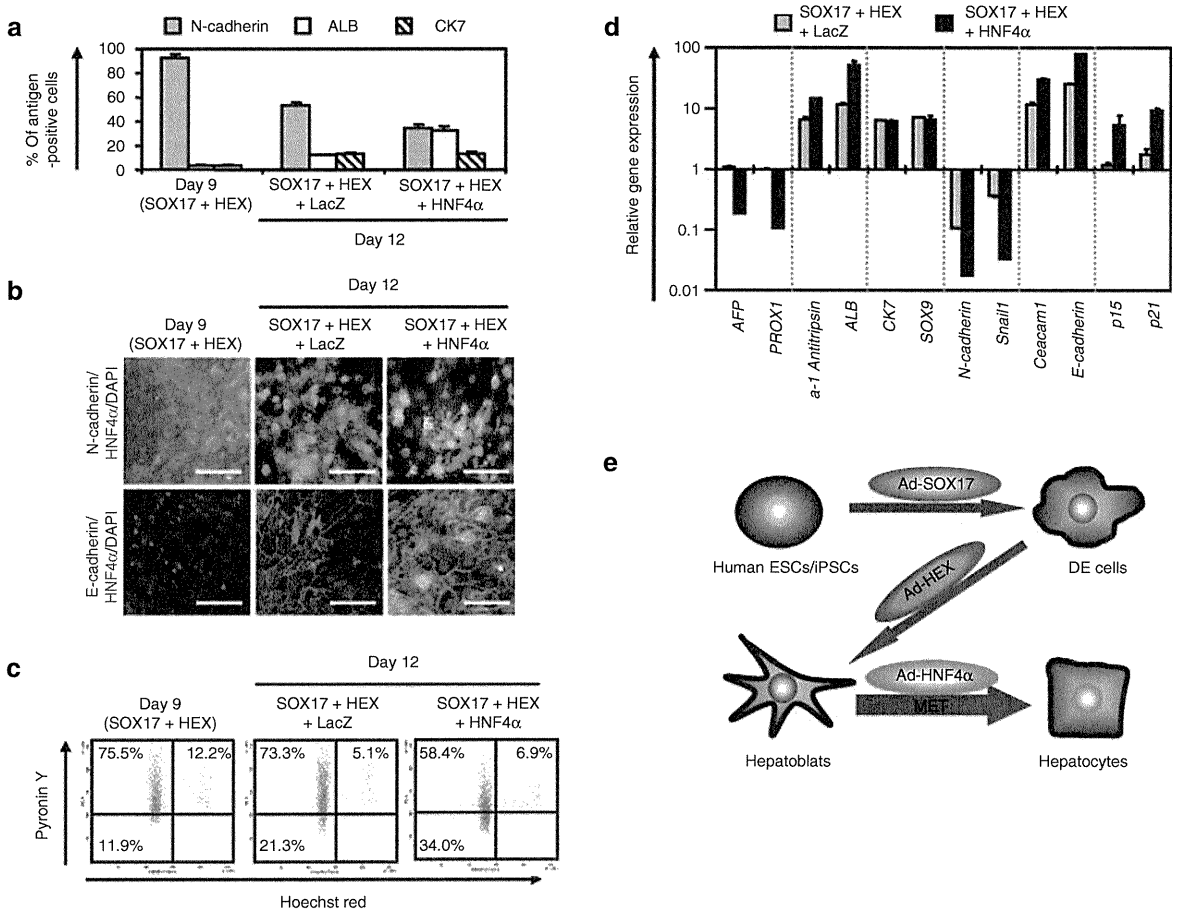

Figure 5 HNF4α promotes hepatic differentiation by activating MET. Human ESCs were differentiated into hepatoblasts according to the protocol described in **Figure 2a**, and then transduced with 3,000 VP/cell of Ad-LacZ or Ad-HNF4α for 1.5 hours, and finally cultured until day 12 of differentiation. (**a**) The hepatoblasts, two factors plus Ad-LacZ-transduced cells (SOX17+HEX+LacZ) (day 12), and the three factors-transduced cells (SOX17+HEX+HNF4α) (day 12) were subjected to immunostaining with anti-N-cadherin, ALB, or CK7 antibodies. The percentage of antigen-positive cells was measured by flow cytometry. (**b**) The cells were subjected to immunostaining with anti-N-cadherin (green), E-cadherin (green), or HNF4α (red) antibodies on day 9 or day 12 of differentiation. Nuclei were counterstained with DAPI (blue). The bar represents 50 μm. Similar results were obtained in two independent experiments. (**c**) The cell cycle was examined on day 9 or day 12 of differentiation. The cells were stained with Pyronin Y (y-axis) and Hoechst 33342 (x-axis) and then analyzed by flow cytometry. The growth fraction of cells is the population of actively dividing cells (G1/S/G2/M). (**d**) The expression levels of *AFP*, *PROX1*, *α-1-antitrypsin*, *ALB*, *CK7*, *SOX9*, *N-cadherin*, *Snail1*, *Ceacam1*, *E-cadherin*, *p15*, and *p21* were examined by real-time RT-PCR on day 9 or day 12 of differentiation. The expression level of hepatoblasts (day 9) was taken as 1.0. All data are represented as means ± SD ($n = 3$). (**e**) The model of efficient hepatic differentiation from human ESCs and iPSCs in this study is summarized. The human ESCs and iPSCs differentiate into hepatocytes via definitive endoderm and hepatoblasts. At each stage, the differentiation is promoted by stage-specific transduction of appropriate functional genes. In the last stage of hepatic differentiation, HNF4α transduction provokes hepatic maturation by activating MET. ESC, embryonic stem cell; HNF4α, hepatocyte nuclear factor 4α; iPSC, induced pluripotent stem cell; MET, mesenchymal-to-epithelial transition; RT-PCR, reverse transcription-PCR; VP, vector particle.

The gene expression levels of hepatocyte markers (*α-1-antitrypsin* and *ALB*)[20] and epithelial markers (*Ceacam1* and *E-cadherin*) were upregulated by HNF4α transduction. On the other hand, the gene expression levels of hepatoblast markers (*AFP* and *PROX1*)[31], mesenchymal markers (*N-cadherin* and *Snail*)[32], and cyclin dependent kinase inhibitor (*p15* and *p21*)[33] were downregulated by HNF4α transduction. HNF4α transduction did not change the expression levels of cholangiocyte markers (*CK7* and *SOX9*). We conclude that HNF4α promotes hepatic maturation by activating MET.

DISCUSSION

This study has two main purposes: the generation of functional hepatocytes from human ESCs and iPSCs for application to drug toxicity screening in the early phase of pharmaceutical development and; elucidation of the HNF4α function in hepatic maturation from human ESCs. We initially confirmed the importance of transcription factor HNF4α in hepatic differentiation from human ESCs by using a published data set of gene array analysis (**Supplementary Figure S1**).[34] We speculated that HNF4α transduction could enhance hepatic differentiation from human ESCs and iPSCs.

To generate functional hepatocytes from human ESCs and iPSCs and to elucidate the function of HNF4α in hepatic differentiation from human ESCs, we examined the stage-specific roles of HNF4α. We found that hepatoblast (day 9) stage-specific HNF4α transduction promoted hepatic differentiation (**Figure 1**). Because endogenous HNF4α is initially expressed in the hepatoblast,[9,10] our system might adequately reflect early embryogenesis. However, HNF4α transduction at an inappropriate stage (day 6 or day 12) promoted

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bidirectional differentiation; heterogeneous populations, which contain the hepatocytes and pancreas cells or hepatocytes and cholangiocytes, were obtained, respectively (**Figure 1**), consistent with a previous report that HNF4α plays an important role not only in the liver but also in the pancreas.[12] Therefore, we concluded that HNF4α plays a significant stage-specific role in the differentiation of human ESC- and iPSC-derived hepatoblasts to hepatocytes (**Figure 5e**).

We found that the expression levels of the hepatic functional genes were upregulated by HNF4α transduction (**Figure 3a,b**, and **Supplementary Figures S7** and **S8**). Although the c/EBPα and GATA4 expression levels of the three factors-transduced cells were higher than those of primary human hepatocytes, the FOXA1, FOXA2, FOXA3, and HNF1α, which are known to be important for hepatic direct reprogramming and hepatic differentiation,[35,36] expression levels of three factors-transduced cells were slightly lower than those of primary human hepatocytes (**Supplementary Figure S8**). Therefore, additional transduction of FOXA1, FOXA2, FOXA3, and HNF1α might promote further hepatic maturation. Some previous hepatic differentiation protocols that utilized growth factors without gene transfer led to the appearance only of heterogeneous hepatocyte populations.[4–6] The HNF4α transduction led not only to the upregulation of expression levels of several hepatic markers but also to an almost homogeneous hepatocyte population; the differentiation efficacy based on CYPs, ASGR1, or ALB expression was ~80% (**Figure 3c–e**). The efficient hepatic maturation in this study might be attributable to the activation of many hepatocyte-associated genes by the transduction of HNF4α, which binds to the promoters of nearly half of the genes expressed in the liver.[12] In the later stage of hepatic maturation, hepatocyte-associated genes would be strongly upregulated by endogenous transcription factors but not exogenous HNF4α because transgene expression by Ad vectors was almost disappeared on day 18 (**Supplementary Figure S5**). Another reason for the efficient hepatic maturation would be that sequential transduction of SOX17, HEX, and HNF4α could mimic hepatic differentiation in early embryogenesis.

Next, we examined whether or not the hepatocyte-like cells had hepatic functions. The activity of many kinds of CYPs was upregulated by HNF4α transduction (**Figure 4b**). Ad-HNF4α-transduced cells exhibit many characteristics of hepatocytes: uptake of LDL, uptake and excretion of ICG, and storage of glycogen (**Figure 4a,c,d**). Many conventional tests of hepatic characteristics have shown that the hepatocyte-like cells have mature hepatocyte functions. Furthermore, the hepatocyte-like cells can catalyze the toxication of several compounds (**Figure 4e**). Although the activities to catalyze the toxication of test compounds in primary human hepatocytes are slightly higher than those in the hepatocyte-like cells, the handling of primary human hepatocytes is difficult for a number of reasons: since their source is limited, large-scale primary human hepatocytes are difficult to prepare as a homogeneous population. Therefore, the hepatocyte-like cells derived from human ESCs and iPSCs would be a valuable tool for predicting drug toxicity. To utilize the hepatocyte-like cells in a drug toxicity study, further investigation of the drug metabolism capacity and CYP induction potency will be needed.

We also investigated the mechanisms underlying efficient hepatic maturation by HNF4α transduction. Although the number of cholangiocyte populations did not change by HNF4α transduction, we found that the number of hepatoblast populations decreased and that of hepatocyte populations increased, indicating that HNF4α promotes selective hepatic differentiation from hepatoblasts (**Figure 5a**). As previously reported, HNF4α regulates the expression of a broad range of genes that code for cell adhesion molecules,[13] extracellular matrix components, and cytoskeletal proteins, which determine the main morphological characteristics of epithelial cells.[14,35,37] In this study, we elucidated that MET was promoted by HNF4α transduction (**Figure 5b,d**). Thus, we conclude that HNF4α overexpression in hepatoblasts promotes hepatic differentiation by activating MET (**Figure 5e**).

Using human iPSCs as well as human ESCs, we confirmed that the stage-specific overexpression of HNF4α could promote hepatic maturation (**Supplementary Figure S9**). Interestingly, the differentiation efficacies differed among human iPS cell lines: two of the human iPS cell lines (Dotcom and Tic) were more committed to the hepatic lineage than another human iPS cell line (201B7) (**Supplementary Figure S7**). Therefore, it would be necessary to select a human iPS cell line that is suitable for hepatic maturation in the case of medical applications, such as drug screening and liver transplantation. The difference of hepatic differentiation efficacy among the three iPSC lines might be due to the difference of epigenetic memory of original cells or the difference of the inserted position of the foreign genes for the reprogramming.

To control hepatic differentiation mimicking embryogenesis, we employed Ad vectors, which are one of the most efficient transient gene delivery vehicles and have been widely used in both experimental studies and clinical trials.[38] We used a fiber-modified Ad vector containing the EF-1α promoter and a stretch of lysine residue (KKKKKKK, K7) peptides in the C-terminal region of the fiber knob.[19] The K7 peptide targets heparan sulfates on the cellular surface, and the fiber-modified Ad vector containing the K7 peptides was shown to be efficient for transduction into many kinds of cells including human ESCs and human ESC-derived cells.[7–8,19] Thus, Ad vector-mediated transient gene transfer should be a powerful tool for regulating cellular differentiation.

In summary, the findings described here demonstrate that transcription factor HNF4α plays a crucial role in the hepatic differentiation from human ESC-derived hepatoblasts by activating MET (**Figure 5e**). In the present study, both human ESCs and iPSCs (three lines) were used and all cell lines showed efficient hepatic maturation, indicating that our protocol would be a universal tool for cell line-independent differentiation into functional hepatocytes. Moreover, the hepatocyte-like cells can catalyze the toxication of several compounds as primary human hepatocytes. Therefore, our technology, by sequential transduction of SOX17, HEX, and HNF4α, would be a valuable tool for the efficient generation of functional hepatocytes derived from human ESCs and iPSCs, and the hepatocyte-like cells could be used for the prediction of drug toxicity.

MATERIALS AND METHODS

Human ESC and iPSC culture. A human ES cell line, H9 (WiCell Research Institute, Madison, HI), was maintained on a feeder layer of mitomycin C-treated mouse embryonic fibroblasts (Millipore, Billerica, MA) with Repro Stem (Repro CELL, Tokyo, Japan) supplemented with 5 ng/ml fibroblast

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growth factor 2 (FGF2) (Sigma, St Louis, MO). Human ESCs were dissociated with 0.1 mg/ml dispase (Roche Diagnostics, Indianapolis, IN) into small clumps and then were subcultured every 4 or 5 days. H9 was used following the Guidelines for Derivation and Utilization of Human Embryonic Stem Cells of the Ministry of Education, Culture, Sports, Science and Technology of Japan. Two human iPS cell lines generated from the human embryonic lung fibroblast cell line MCR5 were provided from the JCRB Cell Bank (Tic, JCRB Number: JCRB1331; and Dotcom, JCRB Number: JCRB1327).[39,40] These human iPS cell lines were maintained on a feeder layer of mitomycin C-treated mouse embryonic fibroblasts with iPSellon (Cardio, Kobe, Japan) supplemented with 10 ng/ml FGF2. Another human iPS cell line, 201B7, generated from human dermal fibroblasts was kindly provided by Dr S. Yamanaka (Kyoto University).[2] The human iPS cell line 201B7 was maintained on a feeder layer of mitomycin C-treated mouse embryonic fibroblasts with Repro Stem (Repro CELL) supplemented with 5 ng/ml FGF2 (Sigma). Human iPSCs were dissociated with 0.1 mg/ml dispase (Roche Diagnostics) into small clumps and were then subcultured every 5 or 6 days.

In vitro *differentiation.* Before the initiation of cellular differentiation, the medium of human ESCs and iPSCs was exchanged for a defined serum-free medium, hESF9, and cultured as we previously reported.[41] hESF9 consists of hESF-GRO medium (Cell Science & Technology Institute, Sendai, Japan) supplemented with 10 μg/ml human recombinant insulin, 5 μg/ml human apotransferrin, 10 μmol/l 2-mercaptoethanol, 10 μmol/l ethanolamine, 10 μmol/l sodium selenite, oleic acid conjugated with fatty-acid-free bovine albumin (BSA), 10 ng/ml FGF2, and 100 ng/ml heparin (all from Sigma).

The differentiation protocol for the induction of DE cells, hepatoblasts, and hepatocytes was based on our previous report with some modifications.[7] Briefly, in mesendoderm differentiation, human ESCs and iPSCs were dissociated into single cells and cultured for 3 days on Matrigel (Becton, Dickinson and Company, Tokyo, Japan) in hESF-DIF medium (Cell Science & Technology Institute) supplemented with 10 μg/ml human recombinant insulin, 5 μg/ml human apotransferrin, 10 μmol/l 2-mercaptoethanol, 10 μmol/l ethanolamine, 10 μmol/l sodium selenite, 0.5 mg/ml BSA, and 100 ng/ml Activin A (R&D Systems, Minneapolis, MN). To generate mesendoderm cells and DE cells, human ESC-derived cells were transduced with 3,000 vector particles (VP)/cell of Ad-SOX17 for 1.5 hours on day 3 and cultured until day 6 on Matrigel (BD) in hESF-DIF medium (Cell Science & Technology Institute) supplemented with 10 μg/ml human recombinant insulin, 5 μg/ml human apotransferrin, 10 μmol/l 2-mercaptoethanol, 10 μmol/l ethanolamine, 10 μmol/l sodium selenite, 0.5 mg/ml BSA, and 100 ng/ml Activin A (R&D Systems). For induction of hepatoblasts, the DE cells were transduced with 3,000 VP/cell of Ad-HEX for 1.5 hours on day 6 and cultured for 3 days on a Matrigel (BD) in hESF-DIF (Cell Science & Technology Institute) medium supplemented with the 10 μg/ml human recombinant insulin, 5 μg/ml human apotransferrin, 10 μmol/l 2-mercaptoethanol, 10 μmol/l ethanolamine, 10 μmol/l sodium selenite, 0.5 mg/ml BSA, 20 ng/ml bone morphogenetic protein 4 (R&D Systems), and 20 ng/ml FGF4 (R&D Systems). In hepatic differentiation, hepatoblasts were transduced with 3,000 VP/cell of Ad-LacZ or Ad-HNF4α for 1.5 hr on day 9 and were cultured for 11 days on Matrigel (BD) in L15 medium (Invitrogen, Carlsbad, CA) supplemented with 8.3% tryptose phosphate broth (BD), 8.3% fetal bovine serum (Vita, Chiba, Japan), 10 μmol/l hydrocortisone 21-hemisuccinate (Sigma), 1 μmol/l insulin, 25 mmol/l $NaHCO_3$ (Wako, Osaka, Japan), 20 ng/ml hepatocyte growth factor (R&D Systems), 20 ng/ml Oncostatin M (R&D Systems), and 10^{-6} mol/l Dexamethasone (Sigma).

Ad vectors. Ad vectors were constructed by an improved *in vitro* ligation method.[42,43] The human HNF4α gene (accession number NM_000457) was amplified by PCR using primers designed to incorporate the 5′ Not I and 3′ Xba I restriction enzyme sites: Fwd 5′-ggcctctagatggaggcagggagaatg-3′ and Rev 5′-ccccgcggccgcagcggcttgctagataac-3′. The human HNF4α gene was inserted into pBSKII (Invitrogen), resulting in pBSKII-HNF4α, and then the human HNF4α gene was inserted into pHMEF5,[44] which contains the human elongation factor-1α (EF-1α) promoter, resulting in pHMEF-HNF4α. The pHMEF-HNF4α was digested with I-CeuI/PI-SceI and ligated into I-Ceu I/PI-SceI-digested pAdHM41-K7,[19] resulting in pAd-HNF4α. The human EF-1α promoter-driven LacZ-, SOX17-, or HEX-expressing Ad vectors, Ad-LacZ, Ad-SOX17, or Ad-HEX, were constructed previously.[7,8,45] Ad-LacZ, Ad-SOX17, Ad-HEX, and Ad-HNF4α, each of which contains a stretch of lysine residue (K7) peptides in the C-terminal region of the fiber knob for more efficient transduction of human ESCs, iPSCs, and DE cells, were generated and purified as described previously.[7] The VP titer was determined by using a spectrophotometric method.[46]

LacZ assay. Human ESC- and iPSC-derived cells were transduced with Ad-LacZ at 3,000 VP/cell for 1.5 hours. After culturing for the indicated number of days, 5-bromo-4-chloro-3-indolyl β-D-galactopyranoside (X-Gal) staining was performed as described previously.[44]

Flow cytometry. Single-cell suspensions of human ESCs, iPSCs, and their derivatives were fixed with methanol at 4 °C for 20 minutes and then incubated with the primary antibody, followed by the secondary antibody. Flow cytometry analysis was performed using a FACS LSR Fortessa flow cytometer (BD).

RNA isolation and reverse transcription-PCR. Total RNA was isolated from human ESCs, iPSCs, and their derivatives using ISOGENE (Nippon Gene) according to the manufacturer's instructions. Primary human hepatocytes were purchased from CellzDirect, Durham, NC. complementary DNA was synthesized using 500 ng of total RNA with a Superscript VILO cDNA synthesis kit (Invitrogen). Real-time reverse transcription-PCR was performed with Taqman gene expression assays (Applied Biosystems, Foster City, CA) or SYBR Premix Ex Taq (TaKaRa) using an ABI PRISM 7000 Sequence Detector (Applied Biosystems). Relative quantification was performed against a standard curve and the values were normalized against the input determined for the housekeeping gene, glyceraldehyde 3-phosphate dehydrogenase. The primer sequences used in this study are described in **Supplementary Table S1**.

Immunohistochemistry. The cells were fixed with methanol or 4% paraformaldehyde (Wako). After blocking with phosphate-buffered saline containing 2% BSA (Sigma) and 0.2% Triton X-100 (Sigma), the cells were incubated with primary antibody at 4 °C for 16 hours, followed by incubation with a secondary antibody that was labeled with Alexa Fluor 488 (Invitrogen) or Alexa Fluor 594 (Invitrogen) at room temperature for 1 hour. All the antibodies are listed in **Supplementary Table S2**.

Assay for CYP activity. To measure cytochrome P450 3A4, 2C9, and 1A2 activity, we performed Lytic assays by using a P450-GloTM CYP3A4 Assay Kit (Promega, Madison, WI). For the CYP3A4 and 2C9 activity assay, undifferentiated human ESCs, the hepatocyte-like cells, and primary human hepatocytes were treated with rifampicin (Sigma), which is the substrate for CYP3A4 and CYP2C9, at a final concentration of 25 μmol/l or DMSO (0.1%) for 48 hours. For the CYP1A2 activity assay, undifferentiated human ESCs, the hepatocyte-like cells, and primary human hepatocytes were treated with omeprazole (Sigma), which is the substrate for CYP1A2, at a final concentration of 10 μM or DMSO (0.1%) for 48 hours. We measured the fluorescence activity with a luminometer (Lumat LB 9507; Berthold, Oak Ridge, TN) according to the manufacturer's instructions.

Pyronin Y/Hoechst Staining. Human ESC-derived cells were stained with Hoechst33342 (Sigma) and Pyronin Y (PY) (Sigma) in Dulbecco's modified Eagle medium (Wako) supplemented with 0.2 mmol/l HEPES and 5% FCS (Invitrogen). Samples were then placed on ice for 15 minutes, and 7-AAD was added to a final concentration of 0.5 mg/ml for exclusion of dead cells. Fluorescence-activated cell-sorting analysis of these cells was

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performed on a FACS LSR Fortessa flow cytometer (Becton Dickinson) equipped with a UV-laser.

Cellular uptake and excretion of ICG. ICG (Sigma) was dissolved in DMSO at 100 mg/ml, then added to a culture medium of the hepatocyte-like cells to a final concentration of 1 mg/ml on day 20 of differentiation. After incubation at 37 °C for 60 minutes, the medium with ICG was discarded and the cells were washed with phosphate-buffered saline. The cellular uptake of ICG was then examined by microscopy. Phosphate-buffered saline was then replaced by the culture medium and the cells were incubated at 37 °C for 6 hours. The excretion of ICG was examined by microscopy.

Periodic Acid-Schiff assay for glycogen. The hepatocyte-like cells were fixed with 4% paraformaldehyde and stained using a Periodic Acid-Schiff staining system (Sigma) on day 20 of differentiation according to the manufacturer's instructions.

Cell viability tests. Cell viability was assessed by Alamar Blue assay kit (Invitrogen). After treatment with test compounds[47–50] (troglitazone, acetaminophen, cyclophosphamide, and carbamazepine) (all from Wako) for 2 days, the culture medium was replaced with 0.5 mg/ml solution of Alamar Blue in culturing medium and cells were incubated for 3 hours at 37 °C. The supernatants of the cells were measured at a wavelength of 570 nm with background subtraction at 600 nm in a plate reader. Control refers to incubations in the absence of test compounds and was considered as 100% viability value.

Uptake of LDL. The hepatocyte-like cells were cultured with medium containing Alexa-488-labeled LDL (Invitrogen) for 1 hour, and then the cells that could uptake LDL were assessed by immunohistochemistry and flow cytometry.

Primary human hepatocytes. Cryopreserved human hepatocytes were purchased from CellzDirect (lot Hu8072). The vials of hepatocytes were rapidly thawed in a shaking water bath at 37 °C; the contents of the vial were emptied into prewarmed Cryopreserved Hepatocyte Recovery Medium (CellzDirect) and the suspension was centrifuged at 100*g* for 10 minutes at room temperature. The hepatocytes were seeded at 1.25×10^5 cells/cm^2 in hepatocyte culture medium (Lonza, Walkersville, MD) containing 10% FCS (GIBCO-BRL) onto type I collagen-coated 12-well plates. The medium was replaced with hepatocyte culture medium containing 10% FCS (GIBCO-BRL) 6 hours after seeding. The hepatocytes, which were cultured 48 hours after plating the cells, were used in the experiments.

SUPPLEMENTARY MATERIAL

Figure S1. Genome-wide screening of transcription factors involved in hepatic differentiation emphasizes the importance of the transcription factor HNF4α.
Figure S2. Summary of specific markers for DE cells, hepatoblasts, hepatocytes, cholangiocytes, and pancreas cells.
Figure S3. The formation of DE cells, hepatoblasts, hepatocytes, and cholangiocytes from human ESCs.
Figure S4. Overexpression of HNF4α mRNA in hepatoblasts by Ad-HNF4α transduction.
Figure S5. Time course of LacZ expression in hepatoblasts transduced with Ad-LacZ.
Figure S6. The morphology of the hepatocyte-like cells.
Figure S7. Upregulation of the expression levels of conjugating enzymes and hepatic transporters by HNF4α transduction.
Figure S8. Upregulation of the expression levels of hepatic transcription factors by HNF4α transduction.
Figure S9. Generation of hepatocytes from various human ES or iPS cell lines.
Figure S10. Promotion of MET by HNF4α transduction.
Figure S11. Arrest of cell growth by HNF4α transduction.
Table S1. List of Taqman probes and primers used in this study.
Table S2. List of antibodies used in this study.

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ORIGINAL ARTICLE—LIVER, PANCREAS, AND BILIARY TRACT

Geranylgeranylacetone has anti-hepatitis C virus activity via activation of mTOR in human hepatoma cells

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Abstract
Background Geranylgeranylacetone (GGA), an isoprenoid compound which includes retinoids, has been used orally as an anti-ulcer drug in Japan. GGA acts as a potent inducer of anti-viral gene expression by stimulating ISGF3 formation in human hepatoma cells. This drug has few side effects and reinforces the effect of IFN when administered in combination with peg-IFN and ribavirin. This study verified the anti-HCV activity of GGA in a replicon system. In addition, mechanisms of anti-HCV activity were examined in the replicon cells.
Methods OR6 cells stably harboring the full-length genotype 1 replicon containing the *Renilla* luciferase gene, ORN/C-5B/KE, were used to examine the influence of the anti-HCV effect of GGA. After treatment, the cells were harvested with Renilla lysis reagent and then subjected to a luciferase assay according to the manufacturer's protocol.
Result The results showed that GGA had anti-HCV activity. GGA induced anti-HCV replicon activity in a time- and dose-dependent manner. GGA did not activate the tyrosine 701 and serine 727 on STAT-1, and did not induce HSP-70 in OR6 cells. The anti-HCV effect depended on the GGA induced mTOR activity, not STAT-1 activity and PKR. An additive effect was observed with a combination of IFN and GGA.
Conclusions GGA has mTOR dependent anti-HCV activity. There is a possibility that the GGA anti-HCV activity can be complimented by IFN. It will be necessary to examine the clinical effectiveness of the combination of GGA and IFN for HCV patients in the future.

Keywords mTOR · STAT-1 · Interferon · HCV · GGA

Abbreviations

IFN	Interferon
HCV	Hepatitis C virus
STAT	Signal transducers and activators of transcription
ISGF-3	IFN-stimulated gene factor 3
ISRE	IFN-stimulated regulatory element
PKR	Double-stranded RNA-dependent protein kinase
Rapa	Rapamycin
PI3-K	Phosphatidylinositol 3-kinase
mTOR	Mammalian target of rapamycin
GGA	Geranylgeranylacetone
siRNA	Small interfering RNA

Introduction

Currently, chronic hepatitis C virus (HCV) infection is the major cause of hepatocellular carcinoma worldwide [1]. Therefore, an anti-HCV strategy is important for prevention of carcinogenesis. The treatment of HCV with a combination of pegylated interferon (IFN) and ribavirin is effective in 80% of HCV genotype 2 or 3 cases, but less than 50% of genotype 1 cases. New anti-HCV agents have been developed to inhibit the life cycle of HCV and are

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used in combination with IFN-α to ameliorate the salvage rate of HCV infection [2]. It is necessary to improve the salvage rate of HCV infection by clarifying the efficacy of IFN treatment since IFN-α is the most basic agent for HCV treatment. Any agents that can support IFN activity will improve the therapeutic effect for HCV infected patients.

Geranylgeranylacetone (GGA), an isoprenoid compound, which includes retinoids, has been used orally as an anti-ulcer drug developed in Japan [3]. GGA protects the gastric mucosa from various types of stress without affecting gastric acid secretion [4, 5]. Moreover, GGA suppresses cell growth and induces differentiation or apoptosis in several human leukemia cells [6, 7]. Another isoprenoid compound, 3,7,11,15-tetramethyl-2,4,6,-10,14-hexadecapentaenoic acid, which is designated as an acyclic retinoid because it has the ability to interact with nuclear retinoid receptors [8], causes apoptosis in certain human hepatoma cells [9]. GGA acts as a potent inducer of antiviral gene expression by stimulating the ISGF3 formation in human hepatoma cells [10]. GGA induces the expression of antiviral proteins such as 2′5′-oligoadenylate synthetase (2′5′-OAS) and double-stranded RNA-dependent protein kinase (PKR) in hepatoma cell lines. GGA stimulates 2′5′-OAS and PKR gene expression at the transcriptional level through the formation of interferon-stimulated gene factor 3 (ISGF-3), which regulates the transcription of both genes. GGA induces the expression of signal transducers and activators of transcription 1, 2 (STAT-1, STAT-2) and p48 proteins, components of ISGF3, together with the phosphorylation of STAT1 [10]. However, no anti-HCV activity was observed.

A cell culture HCV replicon system has been developed as a useful tool for the study of HCV replication and mass screening for anti-HCV reagents. OR6 cells stably harboring the full-length genotype 1 replicon containing the *Renilla* luciferase gene, ORN/C-5B/KE [11], were used to examine the influence of the anti-HCV effect of IFN. The luciferase activity in cell lysate of OR6 was correlated with the HCV-RNA concentration, and the IC50 of IFN-α was less than 10 IU/mL [11]. The OR6 system is a useful and sensitive cell culture replicon system.

This study verified the anti-HCV activity of GGA in the OR6 system. In addition, the mechanisms of anti-HCV activity were examined in OR6 cells.

Materials and methods

Reagents

GGA was a generous gift from Eisai Co. (Tokyo, Japan). Recombinant human IFN-α2a was purchased from Nippon Rosche Co. (Tokyo, Japan). Wortmannin, LY294002, Akt inhibitor and rapamycin were purchased from Calbiochem (La Jolla, CA, USA).

HCV replicon system

OR6 cells stably harboring the full-length genotype 1 replicon, ORN/C-5B/KE, were used to examine the influence of the anti-HCV effect of GGA. The cells were cultured in Dulbecco's modified Eagle's medium (Gibco-BRL, Invitrogen) supplemented with 10% fatal bovine serum, penicillin and streptomycin and maintained in the presence of G418 (300 mg/L; Geneticin, Invitrogen). This replicon was derived from the 1B-2 strain (strain HCV-o, genotype 1b), in which the *Renilla* luciferase gene is introduced as a fusion protein with neomycin to facilitate the monitoring of HCV replication.

Reporter gene assay

The OR6 cells were grown in 24-well plates. One day later, the cells were incubated in the absence or presence of varying concentrations of chemical blockers and GGA. After treatment, the cells were harvested with Renilla lysis reagent (Promega, Madison, WI, USA) and luciferase activity in the cells was determined using a luciferase reporter assay system and a TD-20/20 luminometer. The data were expressed as the relative luciferase activity.

Western blotting and antibodies

Western blotting with anti-STAT-1, anti-PKR (Santa Cruz Biotechnology, Santa Cruz, CA, USA), anti-tyrosine-701 phosphorylated STAT-1, anti-serine-727 phosphorylated STAT-1, anti-serine-2448 phosphorylated mTOR, anti-mTOR, anti-threonine-389 phosphorylated p70S6K, anti-p70S6K (Cell Signaling, Beverly, MA, USA) and anti-HSP70 (Stressmarq Biosciences Inc, Victoria, Canada) was performed as described previously [10]. Briefly, OR6 cells were lysed by the addition of a lysis buffer (50 mmol/L Tris–HCl, pH 7.4, 1% Np40, 0.25% sodium deoxycholate, 0.02% sodium azide, 0.1% SDS, 150 mmol/L NaCl, 1 mmol/L EDTA, 1 mmol/L PMSF, 1 mg/mL each of aprotinin, leupeptin and pepstatin, 1 mmol/L sodium *o*-vanadate and 1 mmol/L NaF). The samples were separated by electrophoresis on 8–12% SDS polyacrylamide gels and electrotransferred to nitrocellulose membranes, and then blotted with each antibody. The membranes were incubated with horseradish peroxidase-conjugated anti-rabbit IgG or anti-mouse IgG, and the immunoreactive bands were visualized using the ECL chemiluminescence system (Amersham Life Science, Buckinghamshire, England).

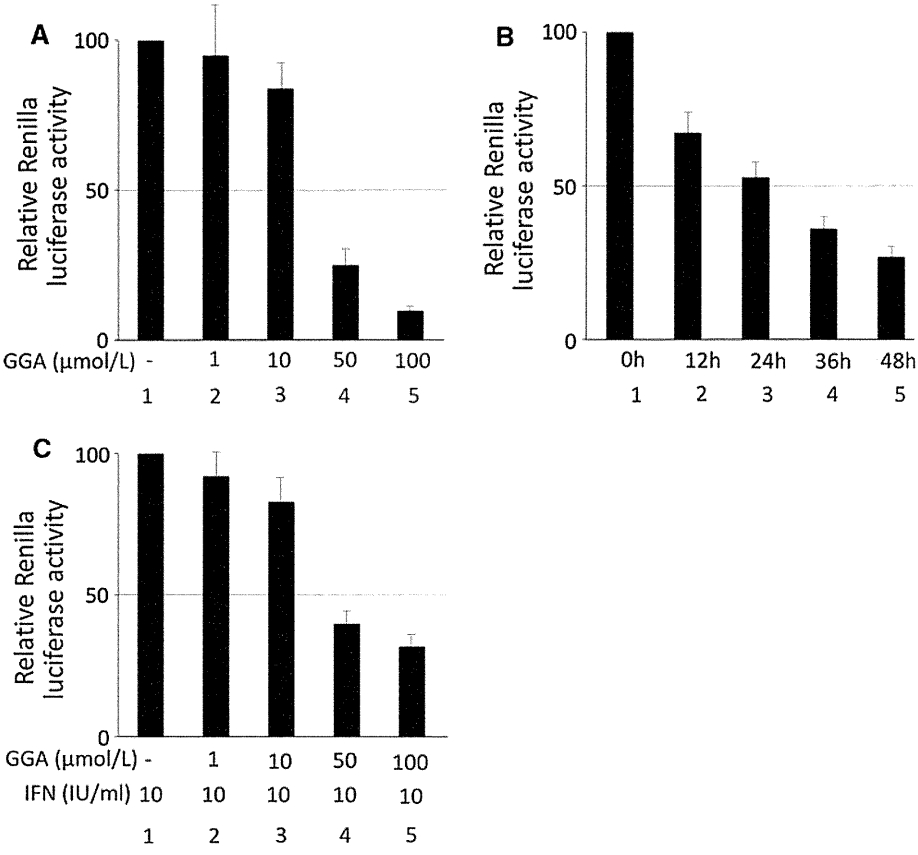

Fig. 1 The effect of GGA on the genome-length HCV RNA replication system. **a** Dose dependent effect of GGA. **b** Time course of GGA suppressed HCV replication. **c** The additive effect of GGA with IFN-α suppressed HCV replication. **a** The OR6 cells were treated with 1–100 μmol/L of GGA (*lanes 2–5*) and *lane 1* was not treated. One day later, *Renilla* luciferase activity was determined by luminometer ($n = 4$). The data are expressed as the mean ± SD and are representative of four similar experiments. The differences between *lane 3* versus *4*, *lane 3* versus *5* and *lane 3* versus *5* were statistically significant. **b** The OR6 cells were treated 50 μmol/L of GGA and at the indicated time, HCV replicon assay was done ($n = 4$). The differences between *lane 1* versus *3–5* and *lane 2* versus *4*, *5* were statistically significant. **c** The OR6 cells were treated with 10 IU/mL of IFN-α in the absence (*lane 1*) or presence of treatment with 1–100 μmol/L of GGA (*lanes 2–5*). Non-treatment OR6 cells has 100% of relative *Renilla* luciferase light unit. The differences between *lane 1* versus *4*, *5* were statistically significant. Statistical significance was accepted as a P value of <0.05. The data are expressed as the mean ± SD and are representative of four similar experiments

siRNA transfection assay

mTOR gene knockdown was performed using siRNA (Cell Signaling, Beverly, MA, USA). OR6 cells were transfected with100 nmol/L mTOR specific and non-targeted siRNA as a control in accordance with the appended manual. One day later, the cells were incubated in either the absence or presence of 50 μmol/L GGA.

mTOR kinase activity assay

The cells were washed two times with TBS and lysed by addition of lysis buffer [50 mM Tris HCl, pH 7.4, 100 mM NaCl, 50 mM β-glycerophosphate, 10% glycerol (w/v), 1% Tween-20 detergent (w/v), 1 mM EDTA, 20 nM microcystin-LR, 25 mM NaF, and a cocktail of protease inhibitors]. The insoluble materials were removed by centrifugation at 10,000 rpm for 15 min at 4°C, and the supernatants were collected and subjected to analysis of the mTOR kinase activity using a commercially available kit (Calbiochem, San Diego, USA) according to the manufacturer's instructions.

Results

GGA with or without IFN had anti-HCV activity

OR6 cells, the full-length HCV replication system, were used to examine the effect of GGA. The cells were treated with 1–100 μmol/L of GGA for 24 h and the amount of HCV replicon was measured by the *Renilla* luciferase assay (Fig. 1a). The relative *Renilla* luciferase activity decreased in a dose-dependent manner. Furthermore, GGA

induced anti-HCV replicon activity was time dependent (Fig. 1b). GGA was combined with IFN-α to examine the additive effect (Fig. 1c). One or 10 μmol/L of GGA combined with IFN-α decreased the relative *Renilla* luciferase activity slightly (Fig. 1c). However, 50 or 100 μmol/L of GGA combined with IFN-α decreased the relative *Renilla* luciferase activity with statistical difference. GGA treatment did not have any statistically significant effect on cell viability from 1 to 100 μmol/L of GGA for 24 h (data not shown).

GGA did not activate the tyrosine-701 and serine-727 on STAT-1, and did not induce PKR and HSP-70 in OR6 cells

GGA mediated phosphorylation of STAT-1 at the tyrosine-701 and serine-727 residues was investigated using antibodies to phospho-specific STAT-1 on OR6 cells. No phosphorylation of tyrosine-701 and serine-727 on STAT-1 was detected in OR6 cells (Fig. 2a). IFN induce anti-viral protein, PKR, and STAT-1 has an interferon stimulating responsive element (ISRE) in the promoter region [12]. The expression levels of both proteins did not change throughout this study, as indicated by a Western blotting analysis (Fig. 2b, c). Next, the role of HSP in the mechanism of GGA activity was examined because GGA is an inducer of HSP. The HSP-70 expression was increased by pre-exposure to heat shock (Fig. 2d, lanes 2, 4), but it did not increase due to the effects of GGA (Fig. 2d, lanes 3, 4).

Rapamycin and mTOR specific siRNA, but not PI3-K inhibitor and Akt inhibitor, were able to cancel the GGA induced anti-HCV activity

The role of the PI3-K-Akt-mTOR pathway the anti-HCV activity of GGA was examined in OR6 cells. The cells were treated with GGA after 3 h in the presence or absence of rapamycin as an mTOR inhibitor, Akt inhibitor, or wortmannin as a PI3-K inhibitor (Fig. 3). Pretreatment with rapamycin attenuated the anti-HCV replication effect

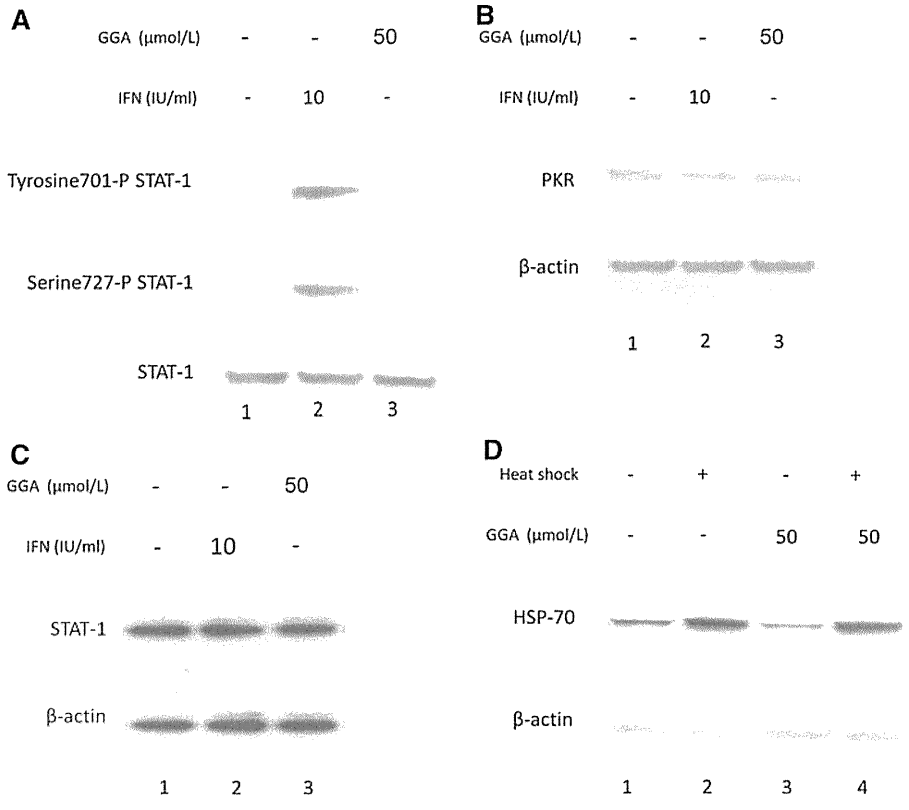

Fig. 2 Effect of GGA on STAT-1 (**a**), PKR (**b**) and HSP-70 (**c**). **a** The OR6 cells were either untreated (*lane 1*) or treated with 10 IU/mL of IFN-α (*lane 2*) for 30 min or treated with 50 μmol/L GGA (*lane 3*) and then were phosphorylated STAT-1 at tyrosine-701 residue (*upper panel*) and at serine-727 residue (*middle panel*), the expression STAT-1 (*lower panel*) was analyzed by Western blotting. **b** The OR6 cells were either untreated (*lane 1*) or treated with 10 IU/mL of IFN-α (*lane 2*) for 30 min or treated with 50 μmol/L GGA (*lane 3*), and then the expression of PKR (*upper panel*) was analyzed by a Western blotting analysis. The β-actin (*lower panel*) protein expression was used as an internal control. **c** The OR6 cells were either untreated (*lane 1*) or given heat shock (at 42°C 15 min, overnight recovery at 37°C) (*lanes 2, 4*) or treated with 50 μmol/L of GGA (*lanes 3, 4*) and then the expression HSP-70 (*upper panel*) was analyzed by Western blotting. β-Actin (*lower panel*) protein is the internal control

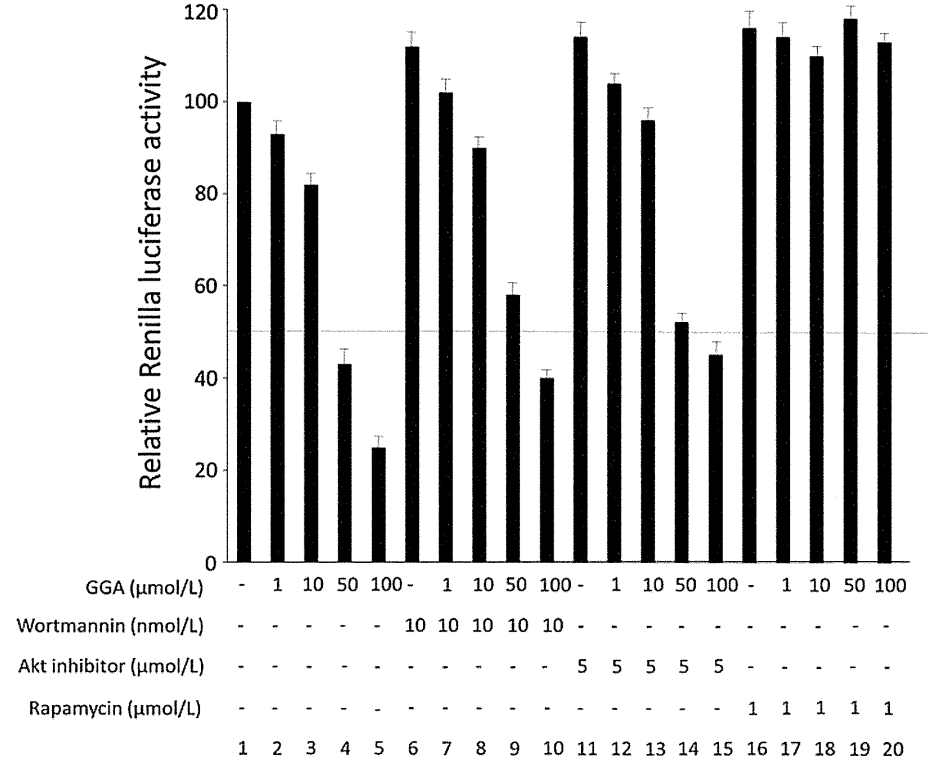

Fig. 3 Changes in GGA suppressed HCV replication by rapamycin, but not PI3-K inhibitor and Akt inhibitor. OR6 cells were treated with 1–100 μmol/L of GGA in the absence (*lanes 2–5*) or presence of pretreatment (*lanes 7–10, 12–15, 17–20*) for 3 h. *Lanes 1, 6, 11* and *16* were not treated with GGA. *Lanes 6, 11* and *16* were treated with wortmannin, an Akt inhibitor, and rapamycin, respectively. One day later, *Renilla* luciferase activity was determined by luminometer ($n = 4$). The data are expressed as the mean ± SD and are representative of four similar experiments

in comparison to GGA alone (Fig. 3, lanes 17–20), whereas pretreatment with wortmannin and Akt inhibitor did not increase the *Renilla* luciferase activity (Fig. 3, lanes 7–10, 12–15). siRNA transfection was used for mTOR knockdown to explore role of mTOR in the anti-HCV activity (Fig. 4). The transfection efficiency of the siRNA was confirmed by a Western blotting analysis. In this experiment, the detectable band intensities were quantified by the National Institutes of Health image software program. Although the transfection efficiency of siRNA was barely 46% (Fig. 4a), GGA-induced anti-HCV activity was clearly inhibited in mTOR-siRNA transfected cells (Fig. 4b, lane 4, 6) in comparison to the control cells (Fig. 4b, lanes 3, 5).

GGA induced mTOR activity, mTOR phosphorylation and p70S6K phosphorylation in OR6 cells

The phosphorylation of the serine-2448 residues of mTOR by 50 μmol/L of GGA was detected 30 min after GGA treatment. The band intensity of serine-2448 phosphorylated mTOR decreased by pretreatment with rapamycin but was almost same as with GGA alone following pretreatment with LY294002 (Fig. 5a). Furthermore, an mTOR activity assay was conducted to confirm the activity mechanism of GGA (Fig. 5b). The mTOR activity was increased by treatment with GGA alone (Fig. 5b, lane 4) and was inhibited by pretreatment with rapamycin (Fig. 5b, lane 6), whereas pretreatment with LY94002 did not suppress the mTOR activity (Fig. 5b, lane 5). Furthermore, to evaluate the mTOR activity, we investigated the level of phospholylated-p70S6K by a Western blotting analysis (Fig. 5c). The phosphorylation of the threonine-389 residue of p70S6K by 50 μmol/L of GGA was detected. Similar to mTOR, the band intensity of phospho-threonine-389 of p70S6K decreased after pretreatment with rapamycin, but the intensity was almost the same as that seen following treatment with GGA alone after pretreatment with LY294002 (Fig. 5c).

Discussion

GGA demonstrated the anti-HCV activity in this study. The anti-HCV effect depended on the GGA induced mTOR activity, not STAT-1 activity. An additive effect was observed with the combination of IFN and GGA.

GGA is a non-toxic heat shock protein (HSP) 70 inducer [13]. Various GGA activities outside of the stomach are also related to HSP induction [14–16]. GGA induced HSP-70 exerts an anti-ischemic stress activity in the heart and liver [16, 17], an anti-inflammatory activity in various cell types [18] and promotes liver regeneration [19]. GGA induces thioredoxin as well as HSP-70 in hepatocytes and other cells [20]. Thioredoxin anti-virus activity, is induced by AP-1 and NF-κB but not HSP-70 [21]. GGA has potent

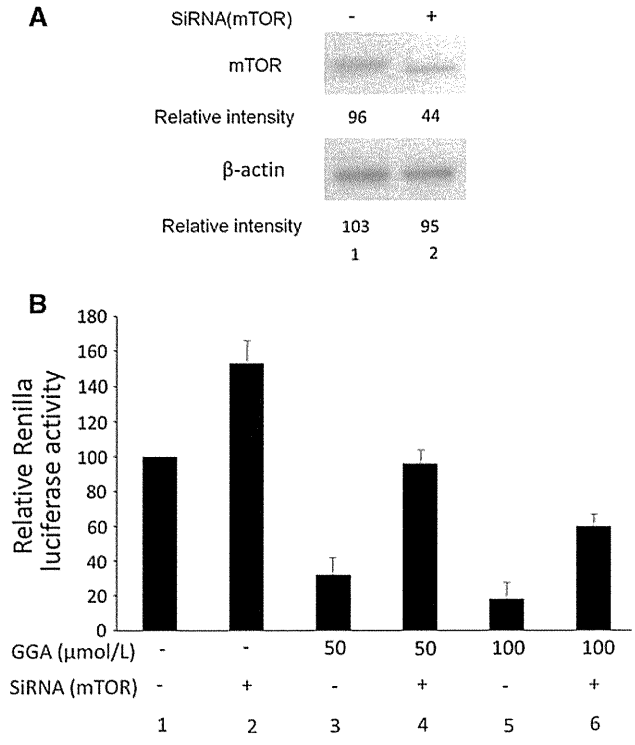

Fig. 4 Changes in GGA suppressed HCV replication by mTOR-siRNA. **a** OR6 cells were transfected with mTOR-siRNA (*lane 1*) or the non-targeted siRNA (*lane 2*). The expression of mTOR was evaluated by a Western blotting analysis. **b** The OR6 cells were transfected with mTOR-siRNA (*lanes 2, 4* and *6*) and the non-targeted siRNA (*lanes 1, 3* and *5*). One day later, the cells were treated with GGA (*lanes 3–6*). The HCV replicon assay is the same as Fig. 3. Non-treatment OR6 cells has 100% of relative *Renilla* luciferase light unit. The *Renilla* luciferase activity increased in the OR6 cells transfected with mTOR-siRNA (*lane 2*) in comparison to the non-targeted siRNA (*lane 1*). However, in OR6 cells treated with GGA, there was a greater elevation of *Renilla* luciferase activity in OR6 cells transfected with mTOR-siRNA (*lanes 4* and *6*) as compared to that with the non-targeted siRNA (*lanes 3* and *5*). The data are expressed as the mean ± SD and are representative example of four similar experiments

antiviral activity via the enhancement of antiviral factors and can clinically provide protection from influenza virus infection [22]. GGA significantly inhibits the synthesis of influenza virus-associated proteins and prominently enhances the expression of human myxovirus resistance 1 (MxA) followed by increased HSP-70 transcription [22]. Moreover, GGA augments the expression of an interferon-inducible double-strand RNA-activated protein kinase (PKR) gene and promotes PKR autophosphorylation and concomitantly alpha subunit of eukaryotic initiation factor 2 phosphorylation during influenza virus infection [22]. These anti-virus activities are related to GGA induced HSP-70. But, HSP-70 protein and PKR were not induced by GGA in OR6 cells in the current study. There is apparently no relationship between the GGA induced anti-HCV activity and HSP, PKR in OR6 cells. Therefore, we thought that HSP and PKR-independent anti-HCV activity induced by GGA was present in this hepatoma-derived cell line.

GGA induction of anti-viral protein is dependent upon STAT-1 tyrosine phosphorylation in HuH-7 and HepG2 [10]. However, GGA did not induce STAT-1 tyrosine phosphorylation and anti-virus protein, PKR, in OR6 cells in this study. Moreover, the GGA induced anti-HCV activity depended on mTOR activity, not STAT-1. OR6 cells are full length HCV replicon transfected HuH-7 cells [11]. HCV virus products inhibit the Jak-STAT pathway [23–25]. The mechanism of inhibition of the Jak-STAT pathway is multi-factorial including the suppressor of cytokine signaling 3 (SOCS-3) expression [26], protein phosphatase 2A (PP2A) induction [27], STAT-3 expression [28] and IL-8 expression [29]. GGA induced STAT-1 tyrosine phosphorylation and inducible PKR protein levels are also minor. Generally, the replicon transfection induces the intrinsic IFN [30], but STAT-1 tyrosine phosphorylation was not detected in combined OR6 cells. HCV replicon produced viral product might be inhibiting GGA-induced STAT-1 tyrosine phosphorylation.

mTOR is associated with the IFN induced anti-HCV signal [31]. The IFN activated mTOR pathway exhibits important regulatory effects in the generation of the IFN responses, including the anti-encephalomyocarditis virus effect [32]. IFN-induced mTOR is LY294002 sensitive and does not affect the IFN-stimulated regulatory element (ISRE) dependent promoter gene activity. A relationship has been observed between the replication of the hepatitis virus and mTOR activity. p21-activated kinase 1 is activated through the mTOR/p70 S6 kinase pathway and regulates the replication of HCV [33]. The IFN induced mTOR activity, independent of PI3K and Akt, is the critical factor for its anti-HCV activity and Jak independent TOR activity involves STAT-1 phosphorylation and nuclear localization, and then PKR is expressed in hepatocytes [31]. No relationship between GGA and mTOR has been reported. However, GGA induced anti-HCV activity depended on mTOR activity independent of PI3-K-Akt, as observed with IFN induced mTOR activity.

When 150 mg of GGA was administered orally, the serum concentration of GGA was approximately 7 μmol/L [34]. The concentration of GGA in the portal blood would be several-fold higher than the serum concentration of GGA; therefore, we speculated that the pharmacological action that would be obtained in clinical practice would be the same as that observed in this study.

GGA, a drug that can be safely administered orally, has mTOR dependent anti-HCV activity. The combination of IFN and GGA has an additive effect on anti-HCV activity. The current results suggest that combination therapy with

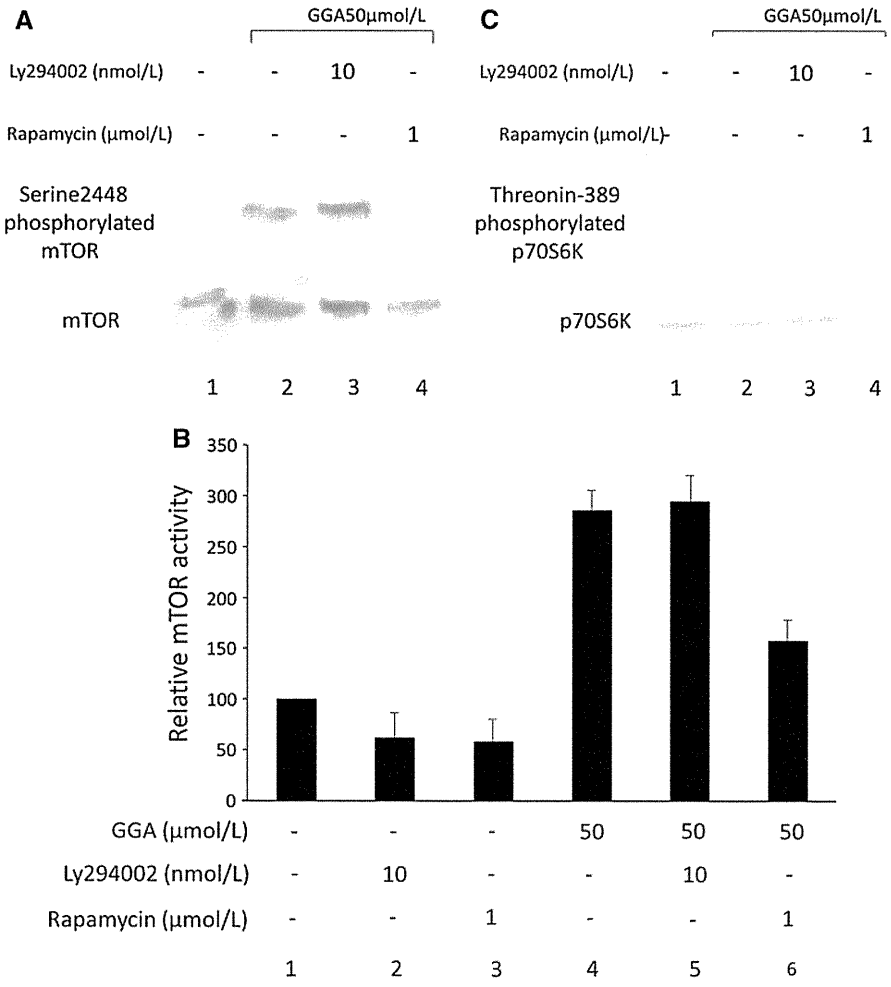

Fig. 5 Effect of GGA on mTOR and effect of LY294002 and rapamycin on GGA-induced serine phosphorylated mTOR and threonine phosphorylated p70S6K. **a** After pretreatment with 10 nmol/L LY294002 (*lane 3*) and 1 μmol/L rapamycin (*lane 4*) for 3 h, the OR6 cells were either untreated (*lane 1*) or treated with 50 μmol/L GGA (*lanes 2–4*) for 30 min and then were phosphorylated mTOR at serine-2448 residue (*upper panel*), the expression of mTOR (*lower panel*) was analyzed by Western blotting. **b** After pretreatment with 10 nmol/L LY294002 (*lanes 2* and *5*) and 1 μmol/L rapamycin (*lanes 3* and *6*) for 3 h, the OR6 cells were either untreated (*lanes 1–3*) or treated with 50 μmol/L GGA (*lanes 4–6*) for 30 min. The mTOR kinase activity was determined by ELISA-based mTOR kinase activity assay kit ($n = 4$). The differences between *lanes 1* and *4*, *lanes 4* and *6*, and *lanes 5* and *6* were statistically significant. The data are expressed as the mean ± SD and are representative of four similar experiments. **c** After pretreatment with 10 nmol/L LY294002 (*lane 3*) and 1 μmol/L, and with rapamycin (*lane 4*) for 3 h, the OR6 cells were either untreated (*lane 1*) or treated with 50 μmol/L GGA (*lanes 2–4*) for 30 min, and then were examined for phosphorylated p70S6K at the threonine-389 residue (*upper panel*), or the expression of p70S6K (*lower panel*) by a Western blotting analysis

GGA and IFN is, therefore, expected to improve the anti-HCV activity. It will, therefore, be necessary to examine the clinical effectiveness of the combination with GGA and IFN for HCV patients in the future.

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Potent and selective inhibition of hepatitis C virus replication by novel phenanthridinone derivatives

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ABSTRACT

A number of novel phenanthridinone derivatives were examined for their inhibitory effect on hepatitis C virus (HCV) replication in Huh-7 cells harboring self-replicating subgenomic viral RNA replicons with a luciferase reporter (LucNeo#2). The activity of compounds was further confirmed by inhibition of viral RNA copy number in different subgenomic and full-genomic replicon cells using real-time reverse transcription polymerase chain reaction. Among the compounds, 4-butyl-11-(1,1,1,3,3,3-hexafluoro-2-hydroxypropan-2-yl)-7-methoxy-[1,3]dioxolo[4,5-*c*]phenanthridin-5(4*H*)-one (HA-719) was found to be the most active with a 50% effective concentration of 0.063 ± 0.010 μM in LucNeo#2 cells. The compound did not show apparent cytotoxicity to the host cells at concentrations up to 40 μM. Western blot analysis demonstrated that HA-719 reduced the levels of NS3 and NS5A proteins in a dose-dependent fashion in the replicon cells. Interestingly, the phenanthridinone derivatives including HA-719 were less potent inhibitors of JFH1 strain (genobtype 2a HCV) in cell-free virus infection assay. Although biochemical assays revealed that HA-719 proved not to inhibit NS3 protease or NS5B RNA polymerase activity at the concentrations capable of inhibiting viral replication, their molecular target (mechanism of inhibition) remains unknown. Considering the fact that most of the anti-HCV agents currently approved or under clinical trials are protease and polymerase inhibitors, the phenanthridinone derivatives are worth pursuing for their mechanism of action and potential as novel anti-HCV agents.

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1. Introduction

Hepatitic C virus (HCV) infection is a worldwide problem. More than 130 million individuals are infected with this virus, and 3–4 million are newly infected every year. In general, HCV infection proceeds to chronic infection [1], which often induces liver cirrhosis and hepatocellular carcinoma [2] liver transplantation is the only way to rescue patients with the end-stage liver disorders caused by HCV infection [3]. Protective vaccines are not available so far, and pegylated interferon (PEG-IFN) and the nucleoside analog ribavirin are the standard treatment for HCV infection [4–6]. However, many patients cannot tolerate the serious side effects of PEG-IFN and ribavirin. Therefore, the development of novel agents with better efficacy and tolerability is still mandatory.

HCV is an enveloped virus belonging to the hepacivirus genus of the family *Flaviviridae* [7,8]. The viral genome consists of positive sense single RNA coding a polyprotein cleaved by viral and host proteases into four structural and six non-structural proteins. Non-structural proteins are involved in the replication of HCV genome [9]. The discovery of effective anti-HCV agents was greatly hampered by the lack of cell culture systems that allowed robust propagation of HCV in laboratories. However, the development of HCV RNA replicon systems [10] and recent success in propagating infectious virus particles in vitro have provided efficient tools for screening new antiviral agents against HCV replication [11,12]. Furthermore, replicons containing a reporter gene, such as luciferase and green fluorescence protein, have provided fast and reproducible screening of a large number of compounds for their antiviral activity [13–15].

Currently, two NS3 protease inhibitors, teraprevir and boceprevir, have been licensed and a considerable number of novel anti-HCV agents are under clinical trials [16,17]. Most of them are directly acting inhibitors of NS3 protease or NS5B polymerase. However, the

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emergence of HCV mutants resistant to most of these agents has also been reported [18]. To circumvent the drug-resistance, it seems necessary to use more than two directly acting drugs targeting different molecules for inhibition of viral replication [19]. Thus, in addition to the protease and polymerase inhibitors, novel compounds with a unique mechanism of action are highly desired.

We have recently identified some compounds with a novel phenanthridinone structure as moderate inhibitors of HCV replication [20]. This prompted us to synthesize a number of phenanthridinone derivatives and investigate their anti-HCV activity. After optimization of chemical structures, we have obtained the compounds that exert anti-HCV activity in the nanomolar range. Interestingly, these compounds did not inhibit the enzymatic activity of NS3 protease or NS5B RNA polymerase at the concentrations capable of inhibiting HCV replication in replicon cells.

2. Materials and methods

2.1. Compounds

More than 100 phenanthridinone derivatives were synthesized and used in this study. The synthesis of these compounds has been described previously [20,21]. Cyclosporin A (CsA) was purchased from Sigma–Aldrish. All compounds were dissolved in dimethyl sulfoxide (DMSO) (Nacalai Tesque) at a concentration of 20 mM or higher to exclude the cytotoxicity of DMSO and stored at −20 °C until use.

2.2. Cells

Huh-7 cells were grown and cultured in Dulbecco's modified Eagle medium with high glucose (Gibco/BRL) supplemented with 10% heat-inactivated fetal bovine serum (Gibco/BRL), 100 U/ml penicillin G, and 100 μg/ml streptomycin. Huh-7 cells containing self-replicating subgenomic HCV replicons with a luciferase reporter, LucNeo#2 [22], were maintained in culture medium containing 1 mg/ml G418 (Nakarai Tesque). The subgenomic replicon cells without reporter #50-1 and the full-genomic replicon cells NNC#2 [23] were kindly provided by Dr. Hijikata (Kyoto University, Kyoto, Japan). These cells were also maintained in culture medium containing 1 mg/ml G418.

2.3. Anti-HCV assays

The anti-HCV activity of the test compounds was determined in LucNeo#2 cells by the previously described method with some modifications [24]. Briefly, the cells (5×10^3 cells/well) were cultured in a 96-well plate in the absence of G418 and in the presence of various concentrations of the compounds. After incubation at 37 °C for 3 days, the culture medium was removed, and the cells were washed twice with phosphate-buffered saline (PBS). Lysis buffer was added to each well, and the lysate was transferred to the corresponding well of a non-transparent 96-well plate. The luciferase activity was measured by addition of the luciferase reagent in a luciferase assay system kit (Promega) using a luminometer with automatic injectors (Berthold Technologies).

The activity of the test compounds was also determined by the inhibition of HCV RNA synthesis in LucNeo#2, #50–1, and NNC#2 cells [23,25]. The cells (5×10^3 cells/well) were cultured in a 96-well plate in the absence of G418 and in the presence of various concentrations of the compounds. After incubation at 37 °C for 3 days, the cells were washed with PBS, treated with lysis buffer in TaqMan® Gene Expression Cell-to-CT™ kit (Applied Biosystems), and the lysate was subjected to real-time reverse transcription polymerase chain reaction (RT-PCR), according to the manufacturer's instructions. The 5′-untranslated region of HCV RNA was quantified using the sense primer 5′-CGGGAGAGCCATAGTGG-3′, the antisense primer 5′-AGTACCACAAGGCCTTTCG-3′, and the fluorescence probe 5′-CTGCGGAACCGGTGAGTACAC-3′ (Applied Biosystems).

The inhibitory effect of the test compounds on the replication of a genotype 2a strain was evaluated by the infection of Huh-7.5.1 cells, kindly provided by Dr. Chisari at Scripps Institute, with cell-free JFH-1 virus, as previously described [11]. At 48 h after virus infection, the cells were treated with SideStep Lysis and Stabilization Buffer (Agilent Technologies), and the lysate was subjected to real-time RT-PCR for quantification of HCV RNA [25].

2.4. Cytotoxicity assay

Huh-7 cells (5×10^3 cells/well) were cultured in a 96-well plate in the presence of various concentrations of the test compounds. After incubation at 37 °C for 3 days, the number of viable cells was determined by a dye method using the water soluble tetrazolium Tetracolor One® (Seikagaku Corporation), according to the manufacturer's instructions. The cytotoxicity of the compounds was also evaluated by the inhibition of host cellular mRNA synthesis. The cells were treated with lysis buffer in the kit, as described above, and the cell lysate was subjected to real-time RT-PCR for amplification of a part of glyceraldehyde-3-phosphate dehydrogenase (GAPDH) RNA using a TaqMan® RNA control reagent (Applied Biosystems).

2.5. Immunoblotting

LucNeo#2 cells (5×10^3 cells/well) were cultured in a 96-well plate in the presence of various concentrations of the test compounds. After incubation at 37 °C for 4 days, the culture medium was removed, and the cells were washed with PBS and treated with lysis buffer (RIPA Buffer®, Funakoshi). The protein concentration of the lysate was measured by Bradford protein assay method (Bio-Rad). Then, the lysate was subjected to sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS–PAGE). The primary antibodies used for protein detection were anti-NS3 (Thermo Scientific), anti-NS5A (Acris Antibodies), and anti-GAPDH (Santa Cruz Biotechnology) mouse monoclonal antibodies.

2.6. Protease and polymerase inhibition assays

The effect of the test compounds on NS3 protease activity was determined by a fluorescence resonance energy transfer-based assay using SensoLyte® 520 HCV Assay Kit (AnaSpec), according to the manufacturer's instructions. The inhibition assay for NS5B polymerase was performed at 37 °C for 60 min in a 384-well plate. A reaction mixture (30 μl/well) contains 20 mM Tris–HCl (pH 7.6), 10 mM $MgCl_2$, 20 mM NaCl, 1 mM dithiothreitol, 0.05% Tween 20, 0.05% pluronic F127, 1 μM [^{3}H]GTP (0.1 μCi/well) plus cold GTP, 5 nM poly(rC), 62.5 nM biotinylated dG_{12}, 45 nM recombinant NS3 protease, and various concentrations of the compounds. The reaction was stopped by streatavidin scintillation proximity assay beads in 0.5 M ethylenediaminetetraacetic acid. The plate was counted with a microbeta reader on the following day.

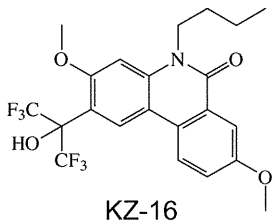
3. Results

When a number of phenanthridinone derivatives were examined for their antiviral activity in LucNeo#2 cells, three phenanthridinone derivatives, 5-butyl-2-(1,1,1,3,3,3-hexafluoro-2-hydroxypropan-2-yl)-3,8-dimethoxyphenanthridin-6(5*H*)-one (KZ-16), 4-butyl-11-(1,1,1,3,3,3-hexafluoro-2-hydroxypropan-2-yl)-[1,3]dioxolo[4,5-*c*]

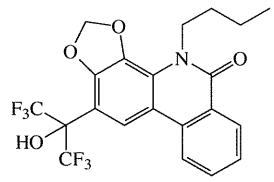
phenanthridin-5(4*H*)-one (HA-718), and 4-butyl-11-(1,1,1,3,3,3-hexafluoro-2-hydroxypropan-2-yl)-[1,3]dioxolo[4,5-*c*]phenanthridin-5(4*H*)-one (HA-718), and 4-butyl-11-(1,1,1,3,3,3-hexafluoro-2-hydroxypropan-2-yl)-7-methoxy-[1,3]dioxolo[4,5-*c*]phenanthridin-5(4*H*)-one (HA-719) (Fig. 1) proved to be highly potent and selective inhibitors of HCV (genotype 1b) replication. KZ-16, HA-718, and HA-719 reduced luciferase activity and viral RNA copy number in LucNeo#2 cells in a dose-dependent fashion (Fig. 2A–C). However, they did not affect the viability of Huh-7.5.1 cells at concentrations up to 40 μM (Fig. 2D). When the cytotoxicity of the compounds was evaluated by the copy number of GAPDH mRNA in the host cells, a similar result was obtained (data not shown).

Table 1 summarizes the anti-HCV activity of KZ-16, HA-718, and HA-719 in different (genotype 1b) replicon cells and in Huh-7 cells infected with cell-free JFH1 (genotype 2a) virus. The highest activity was achieved by HA-719 followed by KZ-16 and HA-718. The EC_{50} of KZ-16, HA-718, and HA-719 were 0.13 ± 0.04, 0.23 ± 0.06, and 0.063 ± 0.010 μM, respectively, in LucNeo#2 cells, when determined by the luciferase reporter activity. The 50% cytotoxic concentrations (CC_{50}) of all compounds were >40 μM. Therefore, the selectivity indices (SI), based on the ratio of CC_{50} to EC_{50}, of KZ-16, HA-718, and HA-719 were >307, >173, and >634, respectively. The anti-HCV activity of these compounds was confirmed by reduction of the viral RNA copy number in different replicon cells. However, they were less potent inhibitors of genotype 2a HCV (JFH1) replication in cell-free virus infection assay. Furthermore, the phenanthridinone derivatives were much less active in Huh-7 cells transfected with JFH1 replicons than in genotype 1b replicon cells (data not shown).

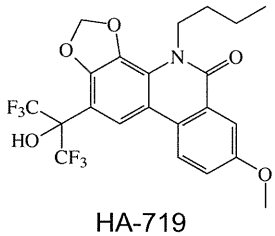
Immunoblot analysis was conducted to confirm that phenanthridinone derivatives were inhibitory to the expression of NS3 and NS5A proteins of HCV. As shown in Fig. 3, HA-719 strongly inhibited NS3 and NS5A expression in LucNeo#2 cells in a dose dependent fashion without affecting the expression of the host cellular protein GAPDH. The compound achieved 93% and 86% inhibition of NS3 and NS5A, respectively, at a concentration of 0.5 μM, indicating that HA-719 is a potent inhibitor of HCV protein expression as well as viral RNA synthesis. Immunoblot analysis was also conducted for another phenanthridinone derivative, 2-(2-benzyloxy-1,1,1,3,3,3-hexafluoropropan-2-yl)-5-butyl-3-methoxyphenanthridin-6(5*H*)-one (KZ-37), of which anti-HCV activity was weaker than HA-719. KZ-37 also proved inhibitory to NS3 and NS5A expression in a dose-dependent fashion (data not shown).



KZ-16



HA-718



HA-719

Fig. 1. Chemical structures of phenanthridinone derivatives.

In our attempt to elucidate the mechanism of action of the compounds, HA-719 was examined for their ability to inhibit the enzymatic activity of genotype 1b NS3 protease and NS5B polymerase in cell-free assay systems. Little, if any, inhibition of NS3 protease activity was observed for HA-719. Its 50% inhibitory concentration (IC_{50}) for the protease was 5.7 μM (data not shown), which was much higher than its EC_{50} for HCV replication in replicon cells (0.063–0.44 μM). HA-719 did not show any inhibitory effect on NS5B polymerase activity at concentrations up to 20 μM (data not shown). Furthermore, KZ-37, of which EC_{50} for HCV replication was 2.1–4.8 μM, was inactive against these two enzymes at a concentration of 20 μM (data not shown). Thus, it is unlikely that the phenanthridinone derivatives suppress HCV replication by inhibiting the activity of either NS3 protease or NS5B polymerase.

4. Discussion

In this study, we have demonstrated that novel phenanthridinone derivatives are potent and selective inhibitors of HCV replication in vitro. Our previous study on the synthesis and antiviral activity of phenanthridinone derivatives demonstrated that some of them exhibited selective but moderate activity against HCV replication in replicon cells [20,21]. After optimization of chemical structures, we succeeded in obtaining a series of potent and selective derivatives (Fig. 1). Among them, the most active one was HA-719, a novel phenanthridinone derivative with a dioxole structure.

Previous studies of HCV replicon cell systems indicated that most replicons had cell culture-adaptive mutations, which arose during the selection process with G418 and enhanced replication efficiency [26–29]. Self-replicating subgenomic RNA replicons could be eliminated from Huh-7 cells by prolonged treatment with IFN, and a higher frequency of cured cells could support the replication of subgenomic and full-genomic replicons [30]. The replication efficiency decreased with increasing amounts of transfected replicon RNA, indicating that viral RNA or proteins are cytopathic or that host cell factors in Huh-7 cells limit RNA amplification [31]. Therefore, both viral and cellular factors are considered to be important determinants for the efficiency of HCV replication in cell cultures, which may be able to explain the difference in EC_{50} values of the compounds among the subgenomic replicon cells used in this study (Table 1). Similarly, the difference in EC_{50} values in subgenomic and full-genomic replicon cells might be due to the difference of HCV RNA length or the difference of the host cells [32]. In fact, shorter RNA is known to replicate more efficiently than longer one [33].

The activity of phenanthridinone derivatives against the genotype 2a strain JFH1 was weaker than that against genotype 1b (Table 1). Although the assay systems were not the same (replicon cell assay for genotype 1b versus cell-free virus infection assay for genotype 2b), the compounds were much less active against genotype 2a (Table 1 and data not shown). Such difference in drug-sensitivity between genotype 1b and genotype 2a was previously reported and attributed to the genetic heterogeneity within the HCV genome [23]. In addition, the anti-HCV activity of compounds had been optimized in the genotype 1b replicon cells. HCV is classified into 6 genotypes that are further separated into a series of subtypes [34,35]. Among the genotypes, genotype 1b virus is epidemiologically predominant in Japan, and 65 and 17% of the cases

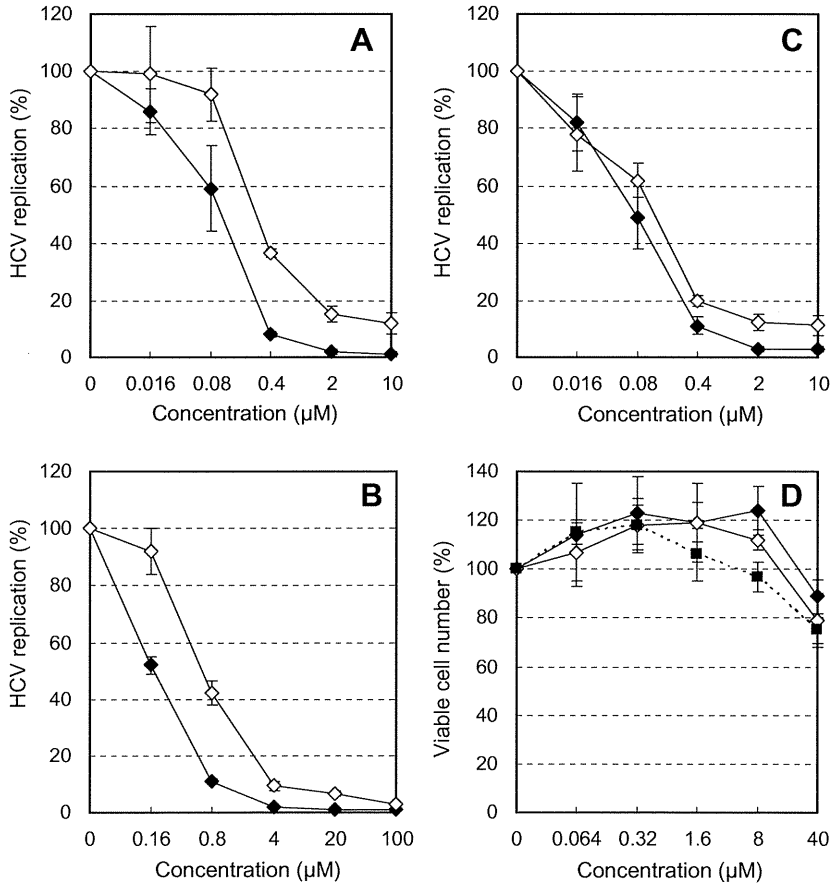


Fig. 2. Inhibitory effect of phenanthridinone derivatives on the replication HCV RNA replicons in LucNeo#2 cells and the proliferation of Huh-7 cells. LucNeo#2 cells were cultured in the presence of various concentrations of (A) KZ-16, (B) HA-718, or (C) HA-719. After incubation for 3 days, the cells were subjected to luciferase assay (closed diamond) and real-time RT-PCR (open diamond) to measure replicon-associated luciferase activity and RNA copy number, respectively, as parameters of HCV replication. (D) For the cell proliferation assay, Huh-7 cells were cultured in the presence of various concentrations of KZ-16 (closed diamond), HA-718 (open diamond), or HA-719 (closed square). After incubation for 3 days, the number of viable cells was determined by a tetrazolium dye method. Data represent means ± SD for triplicates experiments. Experiments were repeated at least twice, and a representative result is shown.

Table 1
Anti-HCV activity of phenanthridinone derivatives.

Compound		EC_{50} (μM)					CC_{50} (μM)
	Virus genotype	1b				2a	
	Cell	LucNeo#2		#50–1	NNC#2	Huh-7.5.1	Huh-7
	Assay	Luciferase	Real-time RT-PCR				Tetrazolium
KZ-16		0.13 ± 0.04	0.28 ± 0.01	0.40 ± 0.12	0.40 ± 0.14	2.6 ± 0.9	>40
HA-718		0.23 ± 0.06	0.68 ± 0.02	0.97 ± 0.56	0.90 ± 0.44	14 ± 5	>40
HA-719		0.063 ± 0.010	0.14 ± 0.01	0.25 ± 0.05	0.44 ± 0.20	4.9 ± 2.2	>40
CsA		0.24 ± 0.05	0.16 ± 0.01	0.18 ± 0.03	N.D.	0.58 ± 0.01	12 ± 3

EC_{50}: 50% effective concentration; CC_{50}: 50% cytotoxic concentration. N.D.: not determined.
Antiviral assay against the genotype 2a HCV was evaluated by the infection of Huh-7.5.1 cells with cell-free JFH-1 virus (see Section 2).
Except for the results in NNC#2 cells, all data represent means ± SD for three independent experiments. The data in NNC#2 cells represent means ± ranges for two independent experiments.

of HCV-related chronic hepatitis were caused by genotype 1b and genotype 2b, respectively [36].

At present, the target molecule of our phenanthridinone derivatives for inhibition of HCV replication remains unknown. Although it cannot be completely excluded that the compounds are inhibitors of NS3 protease or NS5B polymerase, biochemical assays revealed that HA-719 proved not to inhibit the activity of these enzymes at the concentrations capable of inhibiting viral replication. Therefore, the compounds may interact with another non-structural protein essential for viral replication, such as NS3 helicase and NS5A. In fact, a highly active inhibitor targeting NS5A has recently been identified [37]. Alternatively, the phenanthridinone derivatives may inhibit HCV replication through the interaction with host cellular factors deeply involved in HCV replication process [38–40]. It was reported that PJ34, a phenanthridinone derivative, had immunomodulatory activities and was protective against autoimmune diabetes [41], liver cancer [42], and stroke [43]. These studies suggested that the effects of PJ34 were attributed to the inhibition of poly(ADP-ribose) polymerase (PARP). Therefore, HA-719 was tested for its inhibitory effect on

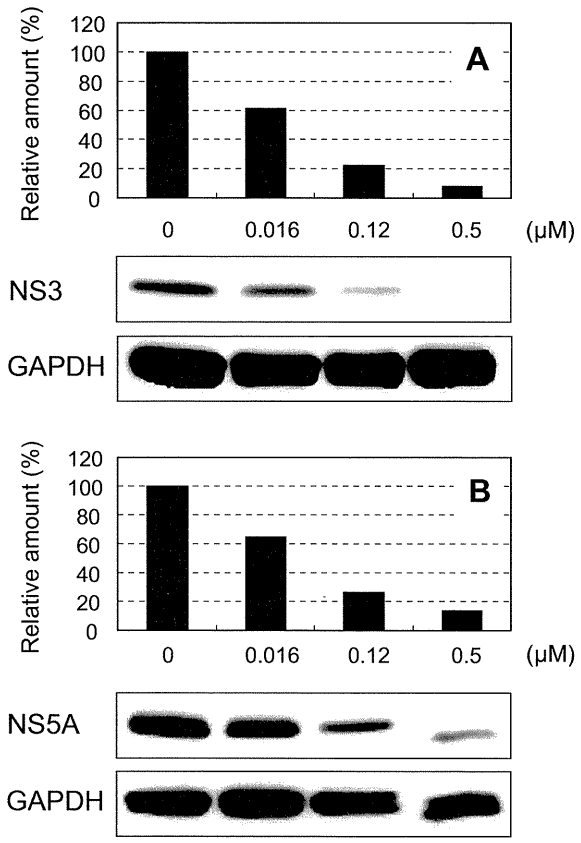


Fig. 3. Inhibitory effect of HA-719 on the expression of HCV proteins in LucNeo#2 cells. The cells were cultured in the presence of various concentrations of the compound. After incubation for 4 days, the cells were subjected to electrophoresis and immunoblot analysis for expression of (A) NS3 and (B) NS5A proteins. The band images were quantified by an image scanner and densitometer. Experiments were repeated at least twice, and a representative result is shown.

PARP activity and found to be inactive (data not shown). It was reported that some phenanthridinone derivatives had anti-human immunodeficiency virus (HIV) activity through the inhibition of viral integrase [44]. However, our compounds did not show selective inhibition of HIV replication in cell cultures (data not shown). Further studies, including the establishment of drug-resistant replicons, are in progress to determine the mechanism of action of the phenanthridinone derivatives.

In conclusion, our results clearly demonstrate that the novel phenanthridinone derivatives, especially HA-719, are highly potent and selective inhibitors of HCV replication in vitro. Although further studies, such as determination of their target molecule and pharmacological properties in vivo, are required, this class of compounds should be pursued for their clinical potential in the treatment of HCV infection.

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Genetic Variation of the *IL-28B* Promoter Affecting Gene Expression

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Abstract

The current standard of care for the treatment of chronic hepatitis C is pegylated interferon-α (PEG-IFNα) and ribavirin (RBV). The treatment achieves a sustained viral clearance in only approximately 50% of patients. Recent whole genome association studies revealed that single nucleotide polymorphisms (SNPs) around *IL-28B* have been associated with response to the standard therapy and could predict treatment responses at approximately 80%. However, it is not clear which SNP is most informative because the genomic region containing significant SNPs shows strong linkage disequilibrium. We focused on SNPs in close proximity to the *IL-28B* gene to evaluate the function of each and identify the SNP affecting the *IL-28B* expression level most. The structures of *IL-28A/B* from 5′ to 3′-UTR were determined by complete cDNA cloning. Both *IL-28A* and *28B* genes consisted of 6 exons, differing from the CCDS data of NCBI. Two intron SNPs and a nonsynonymous SNP did not affect *IL-28B* gene function and expression levels but a SNP located in the proximal promoter region influenced gene expression. A (TA) dinucleotide repeat, rs72258881, located in the promoter region was discovered by our functional studies of the proximal SNPs upstream of *IL-28B*; the transcriptional activity of the promoter increased gradually in a $(TA)_n$ length-dependent manner following IFN-α and lipopolysaccharide stimulation. Healthy Japanese donors exhibited a broad range of (TA) dinucleotide repeat numbers from 10 to 18 and the most prevalent genotype was 12/12 (75%), differing from the database (13/13). However, genetic variation of *IL-28A* corresponding to that of *IL-28B* was not detected in these Japanese donors. These findings suggest that the dinucleotide repeat could be associated with the transcriptional activity of *IL-28B* as well as being a marker to improve the prediction of the response to interferon-based hepatitis C virus treatment.

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Introduction

A novel group of cytokines was discovered simultaneously by two independent groups in 2003 and named interferon lambda (IFN-λ) [1,2] or type III IFN. Type III IFN comprises three members, IFN-λ1, 2, and 3 or *IL-29* and *IL-28A*, and *IL-28B*, respectively. Type III IFN is a member of the class II cytokine family. This family includes type I, II, and III interferons and the IL-10 family (IL-10, IL-19, IL20, IL-22, IL-24, and IL-26). IFN-λ uses a distinct receptor complex consisting of a unique subunit, named IFN-λR1, and the IL-10R2 subunit. Expression of the IFN-λR1 receptor subunit is highly restricted, whereas the type I IFN receptor complex and the IL-10R2 receptor were detected in most cell types [1,2,3,4,5,6]. The IL-10R2 receptor subunit is shared by IL-10, IL-22, IL-24, IL-26, and IFN-λ. This suggests that type III IFNs act in a rather cell-type specific manner to mediate their biological functions. Type III IFNs trigger a type I IFN-like gene expression profile [5,6,7], which has been shown to have antiviral activity *in vitro* and *in vivo* [1,2,5,6,8]. Thus, the two types of IFN seem to have similar biological effects at a cellular level. IFN-α and IL-29/28A treatment reduced the concentration of hepatitis C virus (HCV) plus-strand RNA in an *in vitro* assay [6,9,10,11]. In addition, IL-29 may have therapeutic value against chronic viral hepatitis in human patients [5].

Recently, a genome-wide association study (GWAS) revealed that several highly correlated common single nucleotide polymorphisms (SNPs), in a linkage disequilibrium (LD) block encompassing the *IL-28B* genes on chromosome 19q13, are implicated in the response of chronic hepatitis C (CHC) patients to pegylated IFN-alpha (PEG-IFNα) and ribavirin (RBV) [12,13,14]. The CC genotype of rs12979860 and TT genotype of rs8099917 are associated in CHC patients with a sustained viral response (SVR) of 2.5 or greater rate, which is dependent of ethnicity, compared to the other genotypes. Moreover, the CC genotype of rs12979860 and TT genotype of rs8099917 favor spontaneous clearance of HCV [15].

We have reported the genomic analysis of approximately 15 kb containing the significant SNPs using Haploview software for LD and haplotype structure [14,16]. To analyze the difference in LD pattern between races, we performed LD mapping with these SNPs on JPT (Japanese in Tokyo), CEU (Utah residents with ancestry from Northern and Western Europe) or YRI (Yoruba in