

Fig. 1 miR-122 enhances the translation of hepatitis C virus (HCV) RNA. Primary miRNA (*pri-miRNA*) transcribed by RNA polymerase II in the nucleus is processed into precursor miRNA (*pre-miRNA*) by Drosha and DiGeorge syndrome critical region protein 8 (*DGCR8*). Pre-miRNA is exported into the cytoplasm by nucleocytoplasmic shuttle protein exportin 5, processed to 22nt by dicer, and then incorporated into argonaute proteins to form the RNA-induced

silencing complex (*RISC*). The passenger strand of miRNA (*blue*) is degraded and the guide strand (*red*) is matured in the *RISC*. Generally, miRNA represses the translation of host mRNA by binding to its 3' untranslated region (3'UTR). In contrast, liver-specific miR-122 binds to two sites in the 5'UTR of the HCV genome and enhances its translation and replication. *GTP* Guanosine-5-triphosphate, *IRES* internal ribosomal entry site

fully elucidated yet, Henke et al. [43], by using polymerase defective viral RNA, showed that miR-122 stimulated the translation of HCV RNA by enhancing the association of ribosomes at an early initiation stage. They concluded that miR-122 might contribute to HCV liver tropism at the level of translation. Wilson et al. [44] showed that knockdown of Ago2 in SGR cells and HCVcc-infected cells attenuated HCV replication, and that knockdown of Ago2 also reduced the translation of the polymerase defective HCV RNA. Shimakami et al. [45] showed that miR-122 stabilized viral RNA and reduced its decay in concert with Ago2, and that miR-122-dependent stabilization of HCV RNA was not observed in Ago2-knockout murine embryonic fibroblasts. These results suggest that Ago2 is required for the efficient enhancement of both the translation and replication of HCV. On the other hand, Machlin et al. [41] have suggested that the 3' overhang binding of miR-122 to the 5' end of the HCV genome participates in circumvention from the recognition by the cytoplasmic RNA sensor, RIG-I. It is feasible to speculate that miR-122 has other functions in the HCV life cycle, in addition to the stabilization of viral RNA and evasion from the host's innate immune response.

Establishment of new permissive cell lines for HCV propagation by the expression of miR-122

The lack of immunocompetent small animal models and cell culture systems to support the propagation of HCV in patient sera has hampered both the understanding of the HCV life cycle and the development of antiviral drugs [46]. HCV replicon cells in which the HCV genome autonomously replicates, and pseudotype viruses bearing HCV E1 and E2 glycoproteins were established to assess viral replication and entry, respectively [47, 48]. Afterwards, an infectious HCV derived from the JFH1 strain of genotype 2a (HCVcc) was developed [7, 8]. On the basis of the data obtained from these in vitro systems, the HCV life cycle has been clarified, and host factors involved in HCV propagation have been identified as therapeutic targets for chronic hepatitis C [46]. However, the robust propagation of HCVcc in well-characterized human liver cell lines other than Huh7 had not been successful until recently. Chang et al. [49] showed that the exogenous expression of miR-122 facilitated the replication of HCV RNA in kidney-derived HEK-293 cells. In addition, Lin et al. have demonstrated that the expression of miR-122 and depletion of interferon regulatory factor 3 (IRF-3) permit replication

of the HCV genome in mouse fibroblasts [50]. These results suggest that the expression of miR-122 might facilitate the efficient replication of HCVcc not only in hepatic cells but also in nonhepatic cells. In fact, the expression level of miR-122 in Huh7 cells has been shown to be higher than that in other hepatic cell lines, including Huh6, HepG2, and Hep3B cells [10]. Recently, two groups reported that miR-122 expression facilitated the efficient propagation of HCVcc in human hepatic cell lines [10, 11]. Narbus et al. [11] showed that HepG2 cells stably expressing CD81 and miR-122 supported efficient replication and the production of infectious particles. Interestingly, internal ribosomal entry site (IRES)-dependent translation of HCV exhibited a slight (1.4–2.1-fold) increase by the expression of miR-122 in HepG2 cells compared with that in parental cells, suggesting that miR-122 is required for efficient RNA replication but not in translation in HepG2 cells upon infection with HCVcc. Kambara et al. [10] established a novel permissive cell line for the propagation of HCVcc by the expression of miR-122 in Hep3B cells. miR-122 expression facilitated the efficient propagation of HCVcc and the establishment of HCV replicon cells in Hep3B cells. In addition, “cured” Hep3B cells established by the elimination of HCV RNA from the Hep3B replicon cells facilitated the efficient propagation of HCVcc compared to parental cells. Interestingly, the expression of miR-122 in the “cured” Hep3B cells was significantly higher than that in the parental cells. In addition, Ehrhardt et al. [51] have shown that the expression levels of miR-122 in Huh7-derived cured cells, including Huh7.5 and Huh-Lunet cells, are significantly higher than those in parental Huh7 cells. Collectively, these results suggest that miR-122 is a key determinant of the efficient replication of HCVcc in hepatic cell lines.

Expression of miR-122 facilitates the efficient replication of HCV in nonhepatic cells

In clinical studies, negative strands of HCV genome have been detected in nonhepatic tissues of chronic hepatitis C patients, suggesting the possibility of extrahepatic propagation of HCV [52–56]. In addition, HCV replication was detected in peripheral blood mononuclear cells (PBMCs) of patients with occult HCV infection [57]. Roque-Afonso et al. [52] showed that highly divergent variants of HCV were detectable in PBMCs, but not in plasma or in liver, suggesting the possibility of the extrahepatic propagation of HCV. Furthermore, previous reports have suggested that recurrences of HCV infection after antiviral treatment or liver transplantation were attributable to chronic infection of HCV in extrahepatic tissues [58]. Collectively, these results might suggest a correlation between extrahepatic

HCV replication and the development of EHM, including mixed cryoglobulinemia and non-Hodgkin lymphoma, which are frequently observed in chronic hepatitis C patients. However, details of the extrahepatic propagation of HCV have not been studied owing to the lack of an appropriate experimental model [59, 60].

HCV replicon cells have been established in several nonhepatic cell lines. Kato et al. [61] established JFH1-based SGR cells by using HeLa and HEK293 cells, suggesting that the HCV genome can replicate in nonhepatic cells. In addition, Fletcher et al. [62] showed that brain endothelial cells supported HCV entry and replication, suggesting that HCV infection in the central nervous system participates in HCV-associated neuropathologies. Given the marked effects of miR-122 expression on the propagation of HCVcc in hepatic cell lines, we hypothesized that the expression of miR-122 in nonhepatic cell lines would facilitate the establishment of novel permissive cell lines for HCV. Recently, we have shown that Hec1B cells derived from the human uterus exhibited a low level of viral replication and the exogenous expression of miR-122 significantly enhanced replication upon infection with HCVcc [63]. In addition, an miR-122-specific inhibitor for miR-122 called locked nucleic acid (LNA-miR-122) inhibited the enhancement of HCVcc replication in Hec1B cells expressing miR-122, while the basal replication of HCVcc in parental Hec1B cells was resistant to the treatment. These results suggest that Hec1B cells permit HCV replication in an miR-122-independent manner and the exogenous expression of miR-122 enhances viral replication. In this report, cured Hec1B cells established by the elimination of HCV RNA from Hec1B replicon cells exhibited more potent replication of HCVcc than the parental cells. As seen in the cured Hep3B cells, the expression levels of miR-122 in the Hec1B cured cells were significantly higher than those in the parental cells [63]. Taken together, these results show that the expression of miR-122 facilitates the replication of HCVcc in nonhepatic cells.

Viral assembly in nonhepatic cells

Previous reports have shown that the production of VLDL is involved in the formation of infectious HCV particles [15, 16]. Apolipoprotein B (ApoB), apolipoprotein E (ApoE), and microsomal triglyceride transfer protein (MTTP) have major roles in the secretion of VLDL. Gastaminza et al. [15] have demonstrated that ApoB and MTTP are cellular factors essential for the efficient assembly of infectious HCV particles. They concluded that HCV acquired hepatocyte tropism through utilization of the VLDL secretory pathway. On the other hand, studies by

other groups have demonstrated that infectious HCV particles are highly enriched in ApoE, which is a major determinant of HCV infectivity and production [64]. In their reports, small interfering RNA (siRNA)-mediated knockdown of ApoB and treatment with MTTP inhibitors exhibited no significant effect on the infectivity and production of HCV, suggesting that ApoE but not ApoB is required for viral assembly. In addition, Mancone et al. [65] have shown that apolipoprotein A-I (ApoA-I) is required for the replication of HCV and the production of infectious particles. Collectively, these results suggest that several VLDL-associated proteins are involved in HCV assembly.

In our recent report, the viral assembly process was shown to be impaired in nonhepatic cells exogenously expressing miR-122, in spite of the efficient replication of the HCV genome [63]. Interestingly, low but substantial infectious titers were detected in hepatic Hep3B cells upon infection with HCVcc, even though the RNA replication was lower than that in nonhepatic Hec1B cells expressing miR-122. The expression levels of VLDL-associated proteins, including ApoE, ApoB, and MTTP, in nonhepatic cell lines were significantly lower than those in hepatic cell lines, suggesting that lack of expression of VLDL-associated proteins is one of the reasons for the inability of nonhepatic cells to produce infectious particles. Miyanari et al. [66] showed that lipid droplets (LDs) were required for the formation of infectious particles via interaction between the core protein and viral RNA. Interestingly, only a small amount of LDs was detected in nonhepatic cells, including Hec1B and HEK293T cells, compared with the amount in hepatic cell lines, suggesting that a low level of LD formation is also involved in the impairment of infectious particle formation in nonhepatic cells [63]. Taken together, these findings suggest the possibility that the reconstitution of functional lipid metabolism in nonhepatic cells facilitates the production of infectious particles.

Tropism of HCV infection

In many cases, the cell tropism of viral infection is defined by the expression of virus-specific receptors. The expression of CD4 and chemokine receptors has an important role in the determination of the lymphotropism of human immunodeficiency virus infection [67]. In measles virus infection, the signaling lymphocyte activation molecule is a determinant of lymphotropism [68, 69]. Previous reports have shown that human CD81, scavenger receptor class B1 (SR-B1), Claudin1 (CLDN1), and Occludin (OCLN) are crucial for HCV entry [70–73]. Although murine cells cannot permit HCV entry, the exogenous expression of

human-derived receptor candidates in murine cells has been shown to facilitate HCV entry, suggesting that HCV-specific receptors participate in the determination of the cell tropism of HCV [74, 75]. However, previous reports have also revealed that HCV receptor candidates were highly expressed in many nonhepatic tissues [62, 76], and our recent report has demonstrated that many nonhepatic cells permit the entry of HCV pseudotypes [63]. In addition, many reports have suggested the possibility of HCV replication in extrahepatic sites such as PBMCs and neuronal cells [55, 62], suggesting that host factors other than receptors could be involved in the tissue tropism of HCV.

Although previous reports have shown that host factors such as VAMP-associated protein (VAP)-A, VAP-B, cyclophilin A, FK506 binding protein 8, and heat shock protein 90 participate in HCV replication, these molecules are unlikely to participate in the determination of the liver tropism of HCV, owing to their ubiquitous expression [46, 77–79]. As described above, miR-122 is abundantly expressed specifically in hepatocytes and is essential for the efficient replication of HCV. In addition, a recent report showed that hepatocyte-like cells derived from induced pluripotent stem cells (iPSCs) expressed high levels of miR-122 and supported the entire life cycle of HCVcc, suggesting that miR-122 might be one of the most critical determinants of the liver tropism of HCV infection [80, 81]. On the other hand, VLDL-associated proteins,

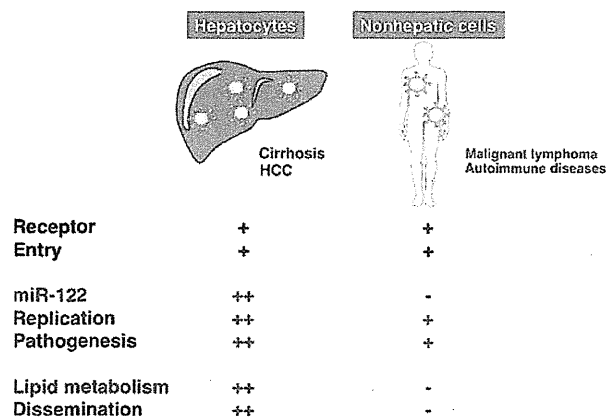


Fig. 2 HCV replication in hepatocytes and nonhepatic cells. Chronic HCV infection induces liver cirrhosis and hepatocellular carcinoma (HCC), and is also often associated with the development of extrahepatic manifestations (EHM) such as malignant lymphoma and autoimmune diseases. Not only hepatocytes but also nonhepatic cells express major HCV receptors, including CD81, SR-B1, CLDN1, and OCLN. In hepatocytes, functional expression of miR-122 and lipid metabolism facilitate the efficient propagation of HCV. In contrast, the lack of expression of miR-122 and very-low-density lipoprotein (VLDL)-associated proteins might be associated with the incomplete propagation of HCV in nonhepatic cells. Low levels of HCV replication in nonhepatic cells may participate in the development of EHM

including ApoB, ApoE, and MTTP, are specifically expressed in hepatic cells, and no infectious particles are produced in nonhepatic cells such as Hec1B and 293T-CLDN cells [63]. Collectively, these data suggest that the VLDL-producing system is involved in the liver tropism of HCV.

Although HCV can internalize not only into hepatocytes but also into nonhepatic cells through receptor-mediated endocytosis, miR-122 expression and functional lipid metabolism in hepatocytes facilitate the efficient replication and assembly of HCV (Fig. 2). On the other hand, lack of expression of miR-122 and VLDL-associated proteins might be associated with the incomplete propagation of HCV in nonhepatic cells (Fig. 2).

Conclusion

Recent progress in HCV research has revealed that the tissue tropism of HCV is reliant on the expression of liver-specific miR-122 and a functional lipid metabolism rather than being reliant on the expression of entry receptors. However, the molecular mechanisms of the enhancement of viral replication induced by the interaction of miR-122 with the 5'UTR of HCV and the assembly of viral particles via VLDL-producing machinery remain unknown. In addition, the participation of nonhepatic cells in the development of EHM has been suggested, through an incomplete or low level of HCV replication. Elucidation of the liver tropism of HCV will provide a clue to the development of new antiviral drugs for the treatment of chronic hepatitis C and could lead to an understanding of the pathogenesis of EHM induced by HCV infection.

Conflict of interest The authors declare that they have no conflicts of interest.

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Exploitation of lipid components by viral and host proteins for hepatitis C virus infection

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Hepatitis C virus (HCV), which is a major causative agent of blood-borne hepatitis, has chronically infected about 170 million individuals worldwide and leads to chronic infection, resulting in development of steatosis, cirrhosis, and eventually hepatocellular carcinoma. Hepatocellular carcinoma associated with HCV infection is not only caused by chronic inflammation, but also by the biological activity of HCV proteins. HCV core protein is known as a main component of the viral nucleocapsid. It cooperates with host factors and possesses biological activity causing lipid alteration, oxidative stress, and progression of cell growth, while other viral proteins also interact with host proteins including molecular chaperones, membrane-anchoring proteins, and enzymes associated with lipid metabolism to maintain the efficiency of viral replication and production. HCV core protein is localized on the surface of lipid droplets in infected cells. However, the role of lipid droplets in HCV infection has not yet been elucidated. Several groups recently reported that other viral proteins also support viral infection by regulation of lipid droplets and core localization in infected cells. Furthermore, lipid components are required for modification of host factors and the intracellular membrane to maintain or up-regulate viral replication. In this review, we summarize the current status of knowledge regarding the exploitation of lipid components by viral and host proteins in HCV infection.

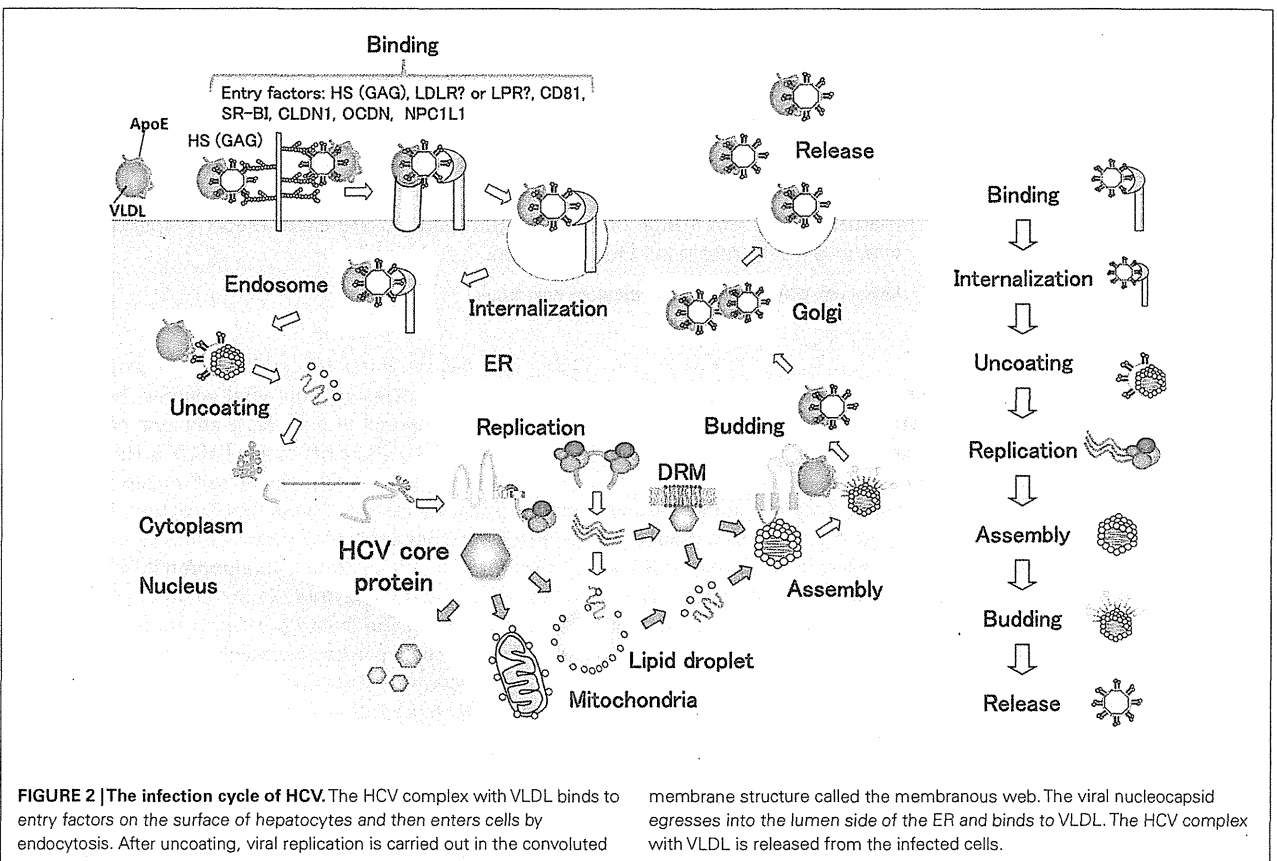
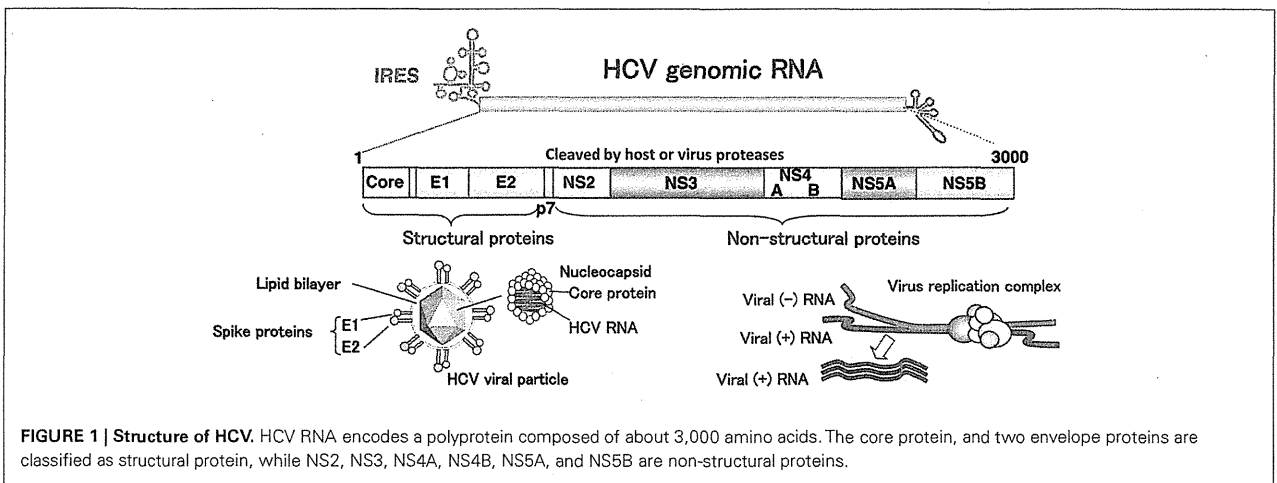
Keywords: HCV, hepatitis, lipid droplets, host factor

INTRODUCTION

Hepatitis C virus (HCV) is a major causative agent of chronic liver disease including steatosis, cirrhosis, and hepatocellular carcinoma. Epidemiological studies indicate that HCV is also associated with extrahepatic manifestations including type 2 diabetes mellitus, B-cell non-Hodgkin lymphoma, mixed cryoglobulinemia, and Sjögren's syndrome (Jacobson et al., 2010). It has been estimated that there are 170 million patients worldwide, of whom most are infected with HCV. Combination therapy with pegylated interferon (PEG-IFN) and ribavirin has been the standard treatment but it fails to cure ~50% of treated patients (Soriano et al., 2009).

Hepatitis C virus belongs to the genus *Hepacivirus* of the family Flaviviridae. The viral genome of HCV is characterized by a single positive strand RNA with a nucleotide length of 9.6 kb and it encodes a single polypeptide (Figure 1). This polyprotein is cleaved by host and viral proteases into structural and non-structural proteins (Harada et al., 1991; Hijikata et al., 1991; Grakoui et al., 1993a,b). Structural proteins, including the core protein and two envelope proteins, and the viroporin p7 are located within one-third of the N-terminal, while the remaining viral proteins are classified as non-structural proteins which form a replication complex with host factors (Grakoui et al., 1993c). HCV core protein is cleaved by signal peptide cleavage and then released from E1 (Santolini et al., 1994). After cleavage by signal peptidase (SP), the C-terminal transmembrane region of the core protein is further cleaved by signal peptide peptidase (SPP; Hussy et al.,

1996; McLauchlan et al., 2002). The nucleocapsid, composed of matured core proteins and the viral genome, is surrounded by an envelope composed of host lipids and viral envelope proteins (Wakita et al., 2005). The life cycle of HCV is shown in Figure 2. The viral envelope proteins play a role in the binding to host receptors and membrane fusion for uncoating. Recently, several groups reported that the viral particle binds to a very low-density lipoprotein (VLDL), including apolipoprotein E (apoE), which is required for the binding step (Andre et al., 2002; Nielsen et al., 2006; Chang et al., 2007; Benga et al., 2010) as described below. The virus infects hepatocytes via entry factors known as receptors and co-receptors. The viral particle complex composed of the enveloped nucleocapsid and VLDL including apoE (Merz et al., 2011), is reported to bind to heparin sulfate (HS; Barth et al., 2003) and the low-density lipoprotein (LDL) receptor (LDLR; Agnello et al., 1999), although Albecka et al. (2012) recently reported that LDLR is required for optimal replication of the HCV genome rather than entry of the infectious viral particle. Other host factors may be involved in apoE-mediated entry. The HCV viral particle is transferred to the scavenger receptor class B type I (SR-BI; Scarselli et al., 2002; Bartosch et al., 2003) and CD81 (Pileri et al., 1998) through E2 binding and then enters cells with claudin-1 (CLDN1; Evans et al., 2007) and occludin (OCLN; Ploss et al., 2009) by endocytosis. The Niemann–Pick C1-like 1 cholesterol absorption receptor has recently been reported to be an HCV cell entry factor that is involved in the entry step between post-binding and



pre-fusion (Sainz et al., 2012). The viral envelope fuses with the host plasma membrane in an endosome under a low pH condition (Takikawa et al., 2000; Hsu et al., 2003; Blanchard et al., 2006; Codran et al., 2006; Meertens et al., 2006; Tschernie et al., 2006). The capsid protein and viral genome are expected to be released into the cytoplasm of infected cells. The viral replication, assembly, and budding are summarized in Figure 3 on the basis of current information. The viral genome is translated dependent on

own internal ribosome entry site (Tsukiyama-Kohara et al., 1992) and transcribed by the translated and processed NS3 to NS5B (Lohmann et al., 1999). The viral protein NS4B induces a convoluted membrane structure (termed a membranous web) with host lipid components and proteins, in which the viral replication is carried out (Egger et al., 2002; Gosert et al., 2005; Ferraris et al., 2010). The newly synthesized viral positive stranded RNA genome is released from the membranous web and passes to the

core protein via NS5A (Masaki et al., 2008). The core protein is translocated on the surface of the lipid droplet or endoplasmic reticulum (ER) membrane for efficient formation of viral particles, and then encloses the synthesized viral genome to form a capsid near the membranous web (Miyanari et al., 2007; Boson et al., 2011). The capsids are enclosed by an endoplasmic membrane containing the viral envelope proteins E1 and E2 and are then released into ER lumen side, since intracellular envelope proteins are categorized as high-mannose type glycoproteins and the viral particle composed of core proteins and envelope proteins egresses into the lumen side of the intracellular compartment associated with lipid droplets (Miyanari et al., 2007; Vieyres et al., 2010). The viral particle is secreted through a host secretion pathway, although the mechanism by which HCV particles are secreted in infected cells remains poorly understood.

Although no effective vaccine for HCV has been developed, antiviral drugs targeting to the viral and host factors have been reported recently. The HCV replicon system was reported for a screening system based on cultured cells (Lohmann et al., 1999) and has been improved by modification of cell lines and marker genes and introduction of adaptive mutations in the region of the viral RNA genome for high efficiency of viral replication (Blight et al., 2000; Krieger et al., 2001; Lohmann et al., 2001; Ikeda et al., 2002; Pietschmann et al., 2002). The complete infectious cycle of HCV in cultured cells was established in a highly permissive cell line by using the genotype 2a strain JFH1 or its chimeric recombinant virus (Lindenbach et al., 2005; Wakita et al., 2005; Zhong et al., 2005). A system based on the cultured cell line has been an exclusive drug-screening system for finding antiviral compounds that interfere with the process of viral RNA replication under intracellular conditions. NS3 forms a complex with cofactor NS4A (Failla et al., 1994, 1995; Koch et al., 1996). This interaction stabilizes NS3 and retains it on the ER where it acquires the ability of a protease against viral polyprotein (Wolk et al., 2000) and host protein IPS-1/MAVS (Foy et al., 2005; Loo et al., 2006), which is a molecule downstream of the RIG-I sensor molecule (Sumpter et al., 2005; Loo et al., 2008). NS3 serine protease activity is a target of the direct acting HCV antiviral drugs known as telaprevir and boceprevir, which are available clinically by combination therapy with PEG-INF and ribavirin (Hofmann and Zeuzem, 2011). The RNA helicase activity of NS3 and NS5B RNA-dependent RNA polymerase are also used for drug-screening in particular (Hicham Alaoui-Ismaili et al., 2000; Dhanak et al., 2002; Borowski et al., 2003; De Francesco et al., 2003; Boguszewska-Chachulska et al., 2004; Maga et al., 2005; Najda-Bernatowicz et al., 2010). Combination therapy using several compounds targeting host and viral factors may be able to completely eradicate the virus and suppress the pathogenicity induced by HCV infection.

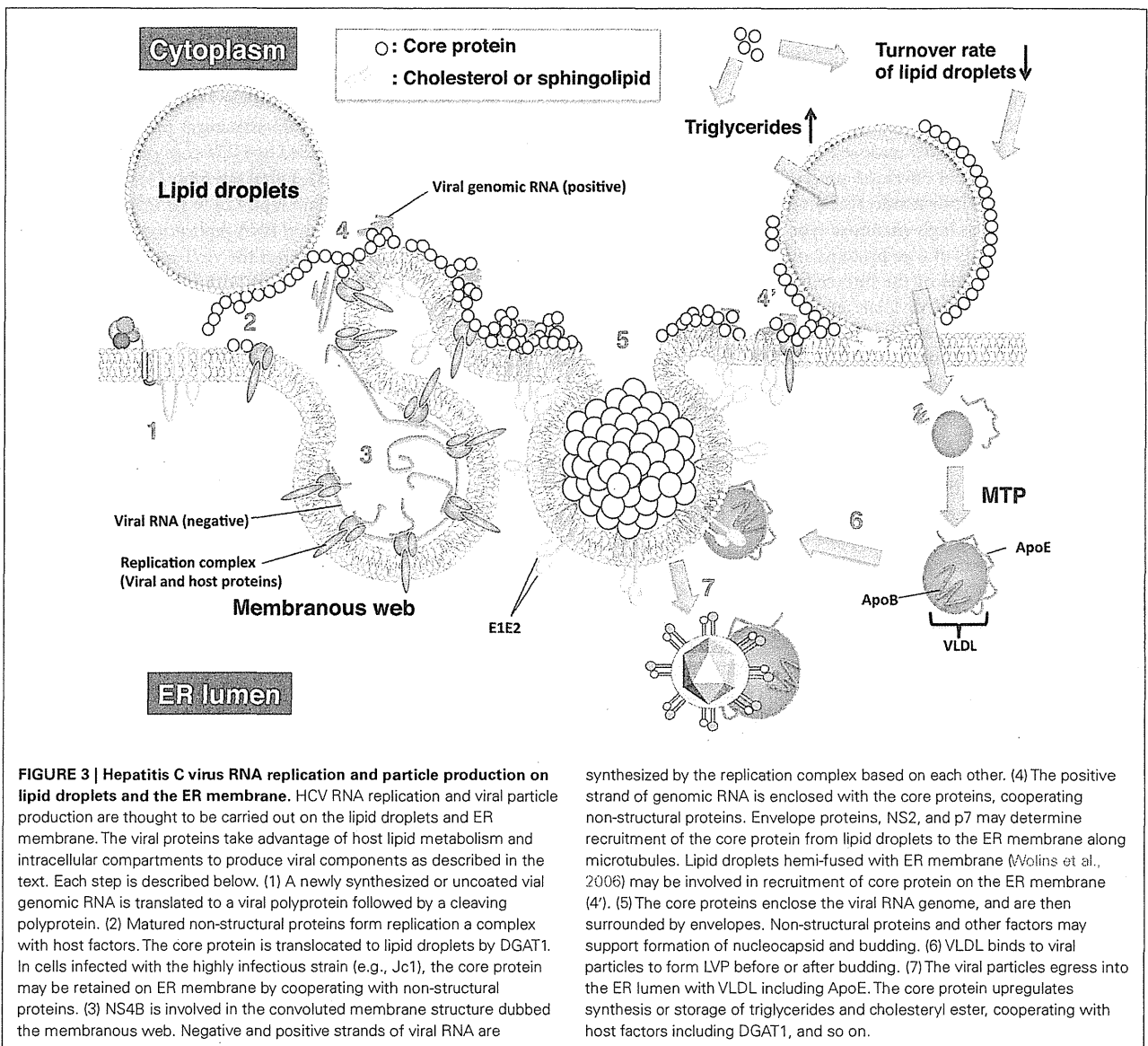
Liver steatosis, which is characterized by accumulation of lipid droplets in hepatocytes, is significantly associated with the incidence of hepatocellular carcinoma in HCV-infected patients (Ohata et al., 2003). Severe liver steatosis has been frequently found in patients infected with the genotype 3a virus (Rubbia-Brandt et al., 2000; Adinolfi et al., 2001). Successful clearance of HCV reduces steatosis in genotype 3a patients, suggesting an association between genotype 3a and severe steatosis. Furthermore, HCV core protein derived from genotype 1 also induced liver steatosis

in mouse and cultured cells (Barba et al., 1997; Moriya et al., 1997; Hope and McLauchlan, 2000). Lipid droplets containing triglycerides and cholesteryl ester are increased in cells expressing core protein and are surrounded by the core protein (Hope and McLauchlan, 2000). Non-structural proteins associate with the lipid droplets surrounded by HCV core proteins to supply the synthesized viral genome for viral assembly (Miyanari et al., 2007). Other lipid components are reported to be involved in formation of viral particles and the viral RNA replication as described below. This review mainly summarizes the viral and host factors that are associated with lipid metabolism with regard to HCV replication and pathogenicity.

THE ROLE OF VLDL IN HCV INFECTION

Hepatitis C virus replicates in a convoluted membrane structure as a membranous web (Egger et al., 2002; Gosert et al., 2005; Ferraris et al., 2010) and assembles in the area of the ER membrane-associated with lipid droplets surrounded by the core protein (Miyanari et al., 2007). The LDLR has also been proposed to function as one of entry factors described above for HCV entry, in which interaction between LDLR and HCV particles is facilitated though interaction of the virus with host lipoprotein components (Monazahian et al., 1999; Chang et al., 2007; Huang et al., 2007; Miyanari et al., 2007; Gastaminza et al., 2008). HCV RNA containing particles derived from infected human serum were fractionated in densities with a value of 1.03–1.25 g/ml (Thomssen et al., 1992, 1993). The HCV RNA particles of the fraction with a density of lower than 1.06 g/ml possessed infectivity against chimpanzees, while HCV RNA derived from fractions with a higher density showed poor infectious ability (Bradley et al., 1991; Hijikata et al., 1993). The infectious HCV particles form a LDL-virus complex in the sera of human patients (Andre et al., 2002). An LDL-virus complex was found in the fractions with very low to low buoyant densities (1.03–1.25 g/ml), which varied with the stage of infection (Pumeechockchai et al., 2002; Carabaich et al., 2005). HCV particles prepared from infected human serum forms a complex with lipoproteins designated as lipo-viro-particles (LVP; Figure 3; Andre et al., 2002; Nielsen et al., 2006). LVP includes triglycerides, HCV RNA, core protein, and apolipoproteins B and E (Andre et al., 2002), which are components of VLDLs and LDL (Brodsky et al., 2004).

Very low-density lipoprotein is formed with a hydrophobic particle composed of triglycerides and cholesteryl ester that is surrounded by a surface coat containing phospholipid, free cholesterol, and two dominant lipoproteins, apoB and apoE (review to see Havel, 2000). Both apoB and apoE were found in a low-density fraction of HCV RNA particles (Andre et al., 2002; Chang et al., 2007). HCV virions could also be precipitated with antibodies against apoB or apoE (Andre et al., 2002; Chang et al., 2007). ApoB and microsomal triglyceride transfer protein (MTP) are required for HCV assembly and production, since knockdown of apoB or a specific antibody to MTP could inhibit HCV production (Huang et al., 2007; Gastaminza et al., 2008). However, another report suggests that knockdown of apoB or antibodies to apoB exhibited no significant effect on HCV infectivity and production (Jiang and Luo, 2009). The monoclonal antibodies against apoE neutralized HCV infection in cultured cells (Chang et al., 2007; Jiang and Luo,



2009), while knockdown of apoE markedly reduced HCV infectivity and infectious viral production without affecting viral entry and replication (Chang et al., 2007; Berger et al., 2009; Jiang and Luo, 2009). Hishiki et al. (2010) suggested that the isoforms 3 and 4, but not 2, of apoE are critical for HCV infectivity dependent of affinity to LDLR. Furthermore, NS5A could interact with apoE in infected cells and colocalization of both proteins supports the notion of intracellular interaction in infected cells (Benga et al., 2010). The C-terminal alpha-helix region spanning from residue 205 to 280 was critical for NS5A–apoE interaction and viral production (Cun et al., 2010). ApoE included in LVP may directly bind to LDLR or LDLR-related proteins in hepatocytes (Figure 2), since apoE is a ligand for all members of the LDLR gene family (see review described by Herz et al., 2009). These results suggest that apoE is an essential host factor for HCV entry.

LOCALIZATION OF THE CORE PROTEIN ON BOTH ER AND LIPID DROPLETS IN INFECTED CELLS

Hepatitis C virus core protein is located at the N-terminus of the HCV polyprotein (Figure 1). The HCV core protein is cleaved from a precursor polyprotein by a SP, releasing it from an envelope E1 protein. Then, the C-terminal transmembrane region of the core protein is further processed by a SPP (McLauchlan et al., 2002). The intramembrane processing of the HCV core protein by SPP is critical for the production of infectious viral particles (Okamoto et al., 2008). The C-terminal end of the mature HCV core protein expressed in insect and human cell lines was determined to be Phe¹⁷⁷ (Ogino et al., 2004; Okamoto et al., 2008). Randall et al. (2007) reported that the introduction of an siRNA targeted to SPP (called HM13) reduced the production of infectious HCV particles, suggesting that SPP is required for HCV

particle production. Our previous report (Okamoto et al., 2008) showed that the production of HCV in cells persistently infected with the JFH1 strain was impaired by treatment with an SPP inhibitor and that JFH1 viruses bearing SPP-resistant mutations in the core protein failed to propagate in a permissive cell line. These data suggest that intramembrane processing of HCV core protein by SPP is required for viral propagation. Matured core protein was found in a detergent-resistant membrane fraction, which was distinct from the classical lipid rafts (Matto et al., 2004). Our data also suggest that cleavage of HCV core protein by SPP is required for localization of HCV core protein in detergent-resistant membrane fractions including cholesterol and sphingolipid (Figure 3, step 4 and 5). Detergent-resistant membrane fractions may be derived from the membranous web where the viral replication complex synthesizes the viral RNA genome, since the replication complex is fractionated in lipid raft fractions including Vesicle-associated membrane protein-associated protein (VAP)-A, cholesterol, and sphingolipid (Figure 3, step 3; Shi et al., 2003; Aizaki et al., 2004; Gao et al., 2004; Sakamoto et al., 2005). Furthermore, an HCV core protein mutation resistant to SPP results in delayed localization of HCV core protein on lipid droplets and reduction of virus production (Targett-Adams et al., 2008). These reports suggest that cleavage of HCV core protein by SPP is required for its suitable intracellular localization for the viral assembly. Sequence analysis of the core protein suggests that high hydrophobicity is found in the region from amino acid residues 119 to 174, which is called domain 2 (Hope and McLauchlan, 2000). Domain 2 is critical for localization of the core protein on lipid droplets and shares common features with the core protein of GBV-B, but not of other viruses belonging to the Flaviviridae family (Hope et al., 2002). When three hydrophobic amino acids, Leu139, Val140, and Leu144, in the most hydrophobic peak in domain 2 were replaced with Ala to reduce hydrophobicity, the triple mutations in the core protein led to resistance to SPP cleavage, dislocation of the detergent-resistant membrane, and a reduction in virus production (Okamoto et al., 2004, 2008). Furthermore, comparative analysis between JFH1 and Jc1 suggest that binding strength of domain 2 of core for lipid droplets determines efficiency of virus assembly (Shavinskaya et al., 2007). These results suggest that hydrophobicity of domain 2 in the core protein is required for lipid droplet localization, SPP cleavage, and virus production.

Host lipid biogenesis is responsible for replication and assembly. HCV core protein contributes to the accumulation and production of host lipid components and is detected on the surface of lipid droplets (Hope and McLauchlan, 2000). The core protein is translocated into the lipid droplets near the replication complex and encloses newly synthesized viral RNA to form the nucleocapsid (Figure 3, step 2–4 or 4'), egresses into the lumen side of the ER, then is surrounded with host lipid components and viral envelope proteins (Figure 3, step 5; Miyanari et al., 2007). HCV core protein interacts with diacylglycerol acyl transferase 1 (DGAT1), which is required for the trafficking of core protein to lipid droplets (Figure 3, step 2; Herker et al., 2010). However, the translocation of the core protein to lipid droplets may not be required for efficient production of viral particles. The recombinant virus Jc1 exhibits a higher virus titer than the JFH1 strain (Lindenbach et al., 2006; Pietschmann et al., 2006). The core protein of the Jc1 strain is

hardly detected on lipid droplets in infected cells and is mainly localized on ER membranes, together with envelope protein E2 (Miyanari et al., 2007; Shavinskaya et al., 2007; Boson et al., 2011). Expression of p7 increases the ER localization of core protein in the absence of envelope proteins (Boson et al., 2011). However, Miyanari et al. (2007) reported that the core protein of the Jc1 strain was mainly localized with envelope proteins on ER in cells transfected with a complete viral genome, but on lipid droplets in cells that were transfected with the viral genome lacking envelope protein genes. Expression of envelope proteins and p7 may determine intracellular localization of the core protein with regard to viral assembly (Figure 3, step 2 and 4 or 4').

NS2 has been reported to be involved in the assembly process of HCV particles (Jones et al., 2007; Jirasko et al., 2008; Dentzer et al., 2009). NS2, which is composed of three transmembrane regions and a cytoplasmic domain in order after p7 (Lorenz et al., 2006), is known as the autoprotease of which C-terminal cytoplasmic domain is involved in *cis* cleavage at the NS2–NS3 junction (Santolini et al., 1995; Yamaga and Ou, 2002; Lorenz et al., 2006). Genetic interaction was implied between the N-terminal region of NS2 and the upstream structural proteins, since the first transmembrane of NS2 was identified as a genetic determinant for infectivity by construction of chimeric HCV with various genotypes (Pietschmann et al., 2006). Analyses by co-immunoprecipitation and imaging microscopy for interaction between NS2 and other viral proteins in cultured cells suggest that NS2 interacts with p7 and E2 on the ER-derived dotted structure closed to lipid droplets that are surrounded by HCV core protein (Popescu et al., 2011). NS2 also interacts with NS3/4A to recruit the core protein from lipid droplets to the cytoplasmic motile puncta along microtubules (Counihan et al., 2011). HCV p7 is a short hydrophobic protein composed of 63 amino acids and is encoded between the structural and non-structural proteins (Carrere-Kremer et al., 2002). The cytoplasmic loop of p7 is located between the N-terminal and C-terminal transmembrane regions (Carrere-Kremer et al., 2002). HCV p7 is known as a viroprotein that forms homooligomerize to be an ion channel, which is then involved in assembly and release of virus particle in infected cells by modulating pH equilibration in intracellular vesicles (Carrere-Kremer et al., 2002; Jones et al., 2007; Steinmann et al., 2007; Wozniak et al., 2010). Mutations of conserved amino acids required for ion channel activity impaired the production of infectious virus (Jones et al., 2007). However, recruitment of HCV core protein from lipid droplets to the ER assembly site was independent of the ion channel activity of HCV p7 (Boson et al., 2011). HCV p7 enhanced ER localization of the core protein without other viral proteins regardless of viral genotype, although compatibilities between two transmembrane regions of p7 and the first transmembrane domain of NS2 are responsible for ER localization of core protein and infection (Boson et al., 2011). The second transmembrane region of p7, rather than the first, is critical for compatibilities with NS2 regarding recruitment of core protein to the ER assembly site, although both transmembrane regions of p7 are important to sustain infectivity (Boson et al., 2011). These reports speculate that localization of the core protein on lipid droplets may contribute to suppression of virus production and maintenance of persistent HCV infection, while localization of the

core protein on ER may positively support virus production under the fulminant condition.

REGULATION OF HOST LIPID METABOLISM BY THE CORE PROTEIN

The mechanisms by which the core protein can induce liver diseases and extrahepatic manifestations are unknown. Liver steatosis, which is one of the characteristics associated with persistent HCV infection, develops by accumulation of triglyceride-rich lipids in hepatocytes. However, the precise functions of HCV proteins in the development of fatty liver remain unknown due to the lack of an adequate system to investigate the pathogenesis of HCV. HCV core protein expression has been shown to induce lipid droplets in cell lines and hepatic steatosis and hepatocellular carcinoma in transgenic mice (Barba et al., 1997; Moriya et al., 1997; Hope and McLauchlan, 2000). The lipid composition of the core-transgenic mouse is similar to that of a hepatitis C patient (Koike et al., 2010; Miyoshi et al., 2011). These reports suggest that HCV core protein plays an important role in the development of various types of liver failure, including steatosis and hepatocellular carcinoma. Biosynthesis of triglycerides is mainly regulated by the sterol regulatory element-binding protein (SREBP)-1c. It has been reported that many genes regulated by SREBPs were induced during the early stage of HCV infection in the livers of chimpanzees (Bigger et al., 2004). Our study has demonstrated that the core protein enhances the binding activity of the LXR α -RXR α complex to the *srebp-1c* promoter in a PA28 γ -dependent manner, resulting in upregulation of SREBP-1c and its regulating genes (Moriishi et al., 2007). The activation may be mediated by the direct interaction between the core protein and RXR α (Tsutsumi et al., 2002). Another mechanism is thought to be suppression of lipid secretion. Reduced serum levels of cholesterol and apolipoprotein B have been reported in patients with severe hepatitis C and core-transgenic mice (Perlemuter et al., 2002). The MTP regulates the assembly and secretion of VLDLs consisting of apolipoprotein E, cholesterol, and triglycerides. In core-transgenic mice, MTP-specific activity is significantly decreased (Perlemuter et al., 2002). In addition, DGAT1, which plays an important role in trafficking core protein from lipid droplets to the ER membrane (Herker et al., 2010), was reported to delay the turnover of lipid droplets that are coated by the core protein (Harris et al., 2011; Figure 3). Furthermore, increases in saturated and monounsaturated fatty acids enhance HCV RNA replication (Kapadia and Chisari, 2005). The core protein can enhance the production of reactive oxygen species (ROS) by induction of induced nitric oxide synthetase (iNOS) or by damage to the mitochondrial electron transport system, contributing to the emergence of hepatocellular carcinoma (Moriya et al., 2001; Okuda et al., 2002; Nunez et al., 2004), suggesting that accumulation of lipids hastens the occurrence of hepatocellular carcinoma by enhancing ROS production. The core protein is reported to be degraded by PA28 γ -dependent, but ubiquitin-independent, proteasome activity, and directly binds to PA28 γ (Moriishi et al., 2003; Suzuki et al., 2009). PA28 γ knockdown diminished liver steatosis, hepatocellular carcinoma, and insulin resistance induced by HCV core protein in the mouse liver (Moriishi et al., 2007). After our reports, several groups found that PA28 γ

plays an important role in cell cycling by degradation of SRC-3, p16, p19, and p53 (Li et al., 2006; Chen et al., 2007; Zhang and Zhang, 2008). Furthermore, HCV propagation in a cell culture system is potently suppressed by PA28 γ knockdown, regardless of cell growth (Moriishi et al., 2010). One possibility is that E6AP-dependent ubiquitination of the core protein in cytoplasm is competitively suppressed by peptide fragments deduced from nuclear core protein. However, there is still the possibility of an indirect effect of PA28 γ , since potent reduction of PA28 γ , but not intermediate reduction, can induce nuclear accumulation of HCV core protein in cultured cells and the mouse liver, but both potent and intermediate reductions could suppress viral production (Moriishi et al., 2007, 2010; Cerutti et al., 2011). Further study will be required to clarify the mechanism by which PA28 γ regulates core-induced liver diseases and the HCV life cycle.

NS3/4A AND LIPID DROPLETS

The NS3 also cleaves the host adaptor proteins IPS-1/MAVS and TRIF to modulate TLR and RIG-I signaling, resulting in inhibition of type I interferon production (Ferreon et al., 2005; Li et al., 2005a,b; Cheng et al., 2006; Loo et al., 2006). It is speculated that NS3 suppresses the activation of host innate immunity induced by HCV RNA and then contributes to persistent infection with HCV. NS3/4A may be responsible for not only the replication, but also the virus assembly and production by interaction with viral and host proteins on a region close to lipid droplets/ER assembly site. NS3/4A interacts with NS2 cooperating with p7 and E2 to recruit the core protein from lipid droplets to the cytoplasmic motile puncta along microtubules (Boson et al., 2011; Counihan et al., 2011; Popescu et al., 2011). HCV NS3/4A also interacts with host protein Y-box-binding protein-1 (YB-1) and influences the equilibrium between viral replication and infectious particle production (Chatel-Chaix et al., 2011). Knockdown of YB-1 impaired HCV RNA replication, regardless of the viral genotype, but did not affect NS3/4A autoprocessing and MAVS cleavage (Chatel-Chaix et al., 2011). JFH1 infection allowed YB-1 to translocate to lipid droplets containing core protein and NS3 (Chatel-Chaix et al., 2011), although knockdown of YB-1 enhanced the production of viral infectious particles (Chatel-Chaix et al., 2011). YB-1 may cooperate with NS3/4A to negatively regulate the steps after replication and to positively regulate viral replication.

NS5A AND CYCLOPHILINS

The peptide bond *cis/trans* isomerase converts between *cis* and *trans* peptide bonds leading to correct folding of the protein substrate. Peptidyl prolyl *cis/trans* isomerase (PPIase) includes the families of cyclophilin (Fischer et al., 1989), FK506-binding proteins (FKBP; Siekierka et al., 1989a,b) and parvulins (Rahfeld et al., 1994), and the secondary amide peptide bond *cis/trans* isomerase (Schiene-Fischer et al., 2002). Cyclophilin and FKBP are categorized as immunophilins, which are targeted by the immunosuppressants cyclosporin and FK506, respectively (Liu et al., 1991). Some cyclophilins and FKBP8 were shown to interact with NS5B and/or NS5A and to regulate HCV replication (Watahi et al., 2005; Okamoto et al., 2006), suggesting that immunophilins could lead to promising therapies for chronic hepatitis C, as discussed below.

Cyclosporin A and its derivatives, which target cyclophilins, were shown to impair HCV RNA replication and to exhibit efficacy in hepatitis C patients (Wataishi et al., 2003; Ishii et al., 2006). Inoue et al. (2003) reported cyclosporin A treatment of HCV in a clinical trial. Cyclosporin derivatives lacking the ability to interact with cyclophilin lost their inhibitory effect on HCV replication (Wataishi et al., 2005). Cyclophilin B is reported to be a 20-kDa secreted neurotropic factor for spinal cord cells in chick embryos (Spik et al., 1991), and is secreted into human milk and blood (Spik et al., 1991; Allain et al., 1994). Cyclophilin B specifically interacts with NS5B, the HCV RNA-dependent RNA polymerase around the ER of the HCV replicon cells, and promotes NS5B's association with viral RNA (Wataishi et al., 2005). Cyclosporin A (CsA) was shown to disrupt the interaction between NS5B and cyclophilin B (Wataishi et al., 2005). Treatment with cyclosporin A and knockdown of cyclophilin B suppressed the replication of HCV. However, several groups reported that interaction between NS5A and cyclophilin A is more important for HCV replication than interaction between NS5B and cyclophilin B. There is a growing consensus that cyclophilin A in particular is a crucial factor during HCV replication. A number of point mutations in both NS5A and NS5B have been reported to be associated with *in vitro* resistance to cyclophilin A (Yang et al., 2008; Chatterji et al., 2009; Kaul et al., 2009). Direct interaction between cyclophilin A and NS5B or NS5A has been observed (Yang et al., 2008). Several CsA-analogs, i.e., NIM811 (Ma et al., 2006), DEB025, and SCY-635 (Hopkins et al., 2010), are currently in preclinical and clinical development. DEB025 disrupts the interaction between NS5A and cyclophilin A and suppresses cyclophilin A isomerase activity. Although experimental differences in cell lines and replicons may affect employment of cyclophilins in HCV replication, the main molecule targeted by the cyclosporin analogs used clinically so far seems to be cyclophilin A.

The treatment with CsA has been associated with increased susceptibility to atherosclerosis and the development of hyperlipidemia (reviewed by Kockx et al., 2010). Treatment with CsA upregulated activity of cholesteryl ester transfer protein and suppressed lipoprotein lipase activity (Tory et al., 2008). Upregulation of cholesteryl ester by cholesteryl ester transfer protein could lead to accumulation of lipoprotein with cholesteryl ester. The report by Anderson et al. (2011) suggests that cyclophilin A and cyclophilin 40 are important for not only viral replication, but also the release of infectious viral particles. NIM811 treatment suppresses virus production and viral RNA replication (Goto et al., 2006). NIM811 treatment led to enlargement of lipid droplets and apoB crescent formation in replicon cells, but not naïve Huh7 cell line, while decreasing apoB secretion and the number of lipid droplets, rendering NS5A dislocation with apoB (Anderson et al., 2011). Knockdown of cyclophilins A and 40 in replicon cells showed the similar changes in lipid droplets size and apoB localization, comparing with NIM811 treatment (Anderson et al., 2011). Cyclophilins A and 40 may regulate lipid trafficking in the presence of HCV proteins to support secretion of viral particles.

NS5A/B AND MEMBRANE-ASSOCIATED PROTEINS

Host lipids are well known to be essential components in the viral life cycle, including the assembly, budding, and replication of

various viruses (Chen et al., 2005; Giese et al., 2006; Mannova et al., 2006; Oomens et al., 2006). In the case of HCV, several types of lipids are required for the HCV life cycle. Saturated and monounsaturated fatty acids, but not polyunsaturated fatty acids, enhance HCV RNA replication (Kapadia and Chisari, 2005), suggesting that lipid biogenesis is involved in HCV replication. HCV particles bind to lipoprotein receptors for entry (Agnello et al., 1999; Scarselli et al., 2002) and are believed to exist with lipoproteins in the serum of infected patients (Thomssen et al., 1992). There is also evidence that HCV uses the VLDL assembly and secretion pathway for maturation and secretion of viral particles (Huang et al., 2007; Gastaminza et al., 2008). Cholesterol and sphingolipids are employed for virion maturation and infectivity, since depletion of cholesterol or down-regulation of sphingomyelin reduces infectivity (Aizaki et al., 2008). Accumulation of lipid components in the liver leads to liver steatosis, and is associated with progression to liver fibrosis and hepatocellular carcinoma, as described above.

Hepatitis C virus replication is suppressed by an inhibitor of geranylgeranyl transferase I, but not by that of farnesyl transferase (Ye et al., 2003). Geranylgeranyl is known as an intermediate found in the mevalonate pathway and is covalently bound to various cellular proteins that are associated with plasma or the intracellular membrane (Horton et al., 2002). Immunoprecipitation analysis revealed that NS5A interacts with FBL2 (Wang et al., 2005a). The F-box motif is located in the N-terminus of FBL2, followed by 11 leucine-rich repeats (Ilyin et al., 1999) and the CAAX motif, which is thought to be modified by geranylgeranylation (Wang et al., 2005a). The F-box motif is generally essential for the formation of the ubiquitin ligase complex (Ilyin et al., 1999), suggesting that FBL2 regulates the ubiquitination of host or viral proteins through the interaction with NS5A. Another possibility is that FBL2 retains the viral replication complex by interacting with NS5A (Figure 3, step 3).

Screening of a genome-wide siRNA library revealed phosphatidylinositol 4-kinase III alpha (PI4KA) and COPI vesicle coat complex as a human gene associated with HCV replication (Bigger et al., 2004; Borawski et al., 2009; Li et al., 2009; Tai et al., 2009; Trotard et al., 2009; Vaillancourt et al., 2009; Reiss et al., 2011). Phosphatidylinositol 4-phosphate, which is associated with oxysterol binding protein (OSBP) and CERT (Peretti et al., 2008; Banerji et al., 2010) as described below, is increased by HCV infection (Bigger et al., 2004; Hsu et al., 2010; Reiss et al., 2011; Tai and Salloum, 2011). PI4KA is co-localized with NS5A and double stranded RNA in the replication platform composed of detergent-resistant lipid components, known as a membranous web, and is critical for HCV replication at posttranslational stages in the membranous web (Berger et al., 2009). NS5A can interact with PI4KA (Berger et al., 2011; Lim and Hwang, 2011; Reiss et al., 2011) and recruit PI4KA to the membranous web (Berger et al., 2009; Tai et al., 2009; Reiss et al., 2011; Tai and Salloum, 2011). Furthermore, PI4KA, but not phosphatidylinositol 4-kinase III beta, induces the membranous web structure under the non-replicative condition (Berger et al., 2011; Lim and Hwang, 2011; Reiss et al., 2011). Biosynthesis of phosphatidylinositol 4-phosphate by PI4KA that is recruited by NS5A in the membranous web may be required for HCV replication and can be an endogenous biomarker of the membranous web (Figure 3, step 3).

Vesicle-associated membrane protein-associated proteins were originally identified as proteins that bind to vesicle-associated membrane protein (VAMP) in the nematode *Aplysia* and were designated as VAMP-associated protein 33 kDa (later renamed VAP-A; Skehel et al., 1995). Furthermore, one homolog and its splicing variant were reported as VAP-B and -C, respectively (Nishimura et al., 1999). VAP is classified as a type II membrane protein, and is composed of three functional domains: major sperm protein (MSP), which occupies the N-terminal half region, the coiled-coil domain, and the transmembrane domain. VAP-A shares 60% identity with VAP-B, while VAP-C is the splicing variant of VAP-B that lacks the coiled-coil and transmembrane domains (Nishimura et al., 1999). GST pull-down and immunoprecipitation analyses revealed that NS5A and NS5B interact with human VAP-A/B and that the N-terminal MSP domain and the coiled-coil domain of VAP-A/B are responsible for the binding to NS5B and NS5A, respectively (Tu et al., 1999; Hamamoto et al., 2005). In addition, systematic RNAi screening revealed that 62 target host genes are involved in HCV RNA or proteins including VAP-A/B (Randall et al., 2007). Several reports suggest that HCV replication takes place on the membranous web (Shi et al., 2003; Gao et al., 2004; Sakamoto et al., 2005). NS4B is predominantly associated with a lipid-raft-like detergent-resistant fraction equivalent to the membranous web, and both NS5A and NS5B were co-localized in a similar fraction in the presence of NS4B (Sakamoto et al., 2005). VAP-A was also localized in a detergent-resistant fraction, suggesting that it plays an important role in HCV replication because the dominant negative mutant of VAP-A suppressed the replication of HCV RNA (Gao et al., 2004). VAP-B forms a homodimer and heterodimer with VAP-A, and knockdown of VAP-A or VAP-B led to substantial suppression of HCV replication (Hamamoto et al., 2005). These findings suggest that VAP-A and -B positively regulate HCV replication by binding to NS5A/B.

The physiological function of VAPs was reported to be trafficking of ceramide and cholesterol between ER and the Golgi apparatus. Several VAP-interacting proteins share the FFAT motif (two phenylalanines in an acidic tract), which has the consensus amino acid sequence EFFDaxE, as determined by a comparison among oxysterol binding proteins, OSBP-related proteins (ORPs; Loewen et al., 2003), and the ceramide transport protein CERT (Hanada et al., 2003; Kawano et al., 2006), contributing to the regulation of lipid metabolism. OSBP binds and transports cholesterol or hydroxycholesterol from ER to the Golgi (Ridgway et al., 1992; Wang et al., 2005b), while CERT binds and transports ceramide from ER to the Golgi, where the ceramide is converted to sphingolipids (Kumagai et al., 2005). Altering the sphingomyelin/ceramide ratio of the plasma membrane can effect HCV entry via the cell surface expression of CD81 (Voisset et al., 2008). OSBP mediates HCV secretion while binding to NS5A and VAP-A (Amako et al., 2009). Inhibition of CERT function

effectively suppressed HCV release regardless of RNA replication (Aizaki et al., 2008). Phosphorylation of CERT and OSBP by protein kinase D negatively regulates VAPs binding to CERT and OSBP resulting in an effect on HCV infection (Amako et al., 2011). HCV NS5A may allow VAP-A/B to provide ceramide and cholesterol to replication complexes for upregulation of virus propagation (Figure 3, step 3).

The VAP-B-splicing variant VAP-C interacts with NS5B via the short form of the MSP domain and then suppresses the HCV replication by disrupting binding of other VAPs to NS5B (Kukihara et al., 2009). Expression of VAP-C is observed in various tissues except for the liver, suggesting that tissue distribution of VAP-C determines the tropism of HCV infection (Kukihara et al., 2009). These findings suggest that VAP-C negatively regulates HCV replication by inhibiting the interaction between VAP-A/B and NS5B. Furthermore, expression of VAP-C was negligible in B cells prepared from chronic hepatitis C patients, in whom B cells included HCV particles (Ito et al., 2010), and expression of the full HCV genome in B cells induced B-cell lymphoma in a conditional transgenic mouse (Kasama et al., 2010), suggesting that HCV infection increases the chance of developing B-cell lymphomas via dysregulation of lipid metabolism.

CONCLUSION

This review summarizes several recently reported viral and host factors that exploit lipid components to support HCV infection. The mechanism by which HCV proteins cooperate with host factors to exploit lipid components and to regulate lipid metabolism in the infection has not been elucidated completely. The aim of identifying host factors is effective and stable therapy; targeting the host factors might be done to prevent the emergence of resistant viruses. Cyclosporin analogs will be used clinically in the near future. Wide screening and proteomics analyses have revealed novel host factors that are required for HCV replications over the past decade. The mechanism by which HCV infection induces formation of membranous web in infected cells has been unknown yet, although NS4B is involved in formation of membranous web (Egger et al., 2002; Gosert et al., 2005; Ferraris et al., 2010). We also found several host proteins to be NS4B-associating host factors by proteomics analysis based on the TargetMine program (Tripathi et al., 2010). Further study will be required to identify the prominent factors essential for lipid metabolism that are associated with each step in the HCV life cycle and to develop effective and stable therapies for hepatitis C.

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