impairment of immune-mediated control of intrahepatic HBV after extensive immunosuppression leads to reactivation of potential occult infection with HBsAg seroreversion [2]. Thus, although the risk of HBV reactivation during immunosuppression is well known, the mechanism for the induction of HBV reactivation is unclear.

In this study, we demonstrated that six patients with HBV reactivation showed increased numbers of HBV-specific $CD8^+$ T cells, similar to the case for self-limited acute hepatitis B, and that these T cells induced liver damage despite immunosuppression following treatment with an immunosuppressant and anti-cancer drug.

These findings are consistent with a previous report of a strong multifaceted CTL response in patients with acute hepatitis [7]. It is interesting to evaluate the function of antigen-specific $CD8^+$ T cells, including their proliferation and cytokine production, during immunosuppressive drug treatment, because a previous study showed that FK506 did not prevent the generation and proliferation of LCMV-specific T cells, but instead altered their differentiation so that these effector T cells lost their ability to control the virus [25]. Although we analyzed the role of $CD8^+$ T cells under the immunosuppressive status, it seems to be important to analyze macrophages, which produce TNF-α and IL-6 [25].

We found that the ratio of HBV-specific $CD8^+$ T cells was higher in resolved HBV patients than in ICHB and CHB patients, indicating that high viral loads suppress the frequency of these cells [26]. Furthermore, we showed that PD-1 expression on HBV-specific $CD8^+$ T cells was low in resolved HBV patients compared with ICHB and CHB patients, demonstrating that these cells can restore their function. These findings suggested that resolved HBV patients have numerous and functionally recovered HBV-specific $CD8^+$ T cells, and therefore, they may easily develop severe hepatitis once HBV reactivation is induced. This hypothesis was confirmed by a report that acute hepatitis in resolved HBV patients has a higher mortality rate than acute hepatitis in HBV-positive patients [23].

In addition, we found that the frequencies of HBV-specific $CD8^+$ T cells and $CD4^+Foxp3^+$ Tregs were reversible at the onset of HBV reactivation. These observations may imply that the reduction of $CD4^+Foxp3^+$ Tregs triggered the induction of antigen-specific CTLs. Although the effects of $CD4^+Foxp3^+$ Tregs are generally nonspecific or occur in a bystander manner, preferential inhibition of the antigen-specific T cell response has been observed in some cases, including human HBV infection [27]. In support of our results, Xu et al. [16] demonstrated that depletion of $CD4^+CD25^+$ Tregs led to an increase in HBV antigen-stimulated IFN-γ production and cellular proliferation of PBMCs in HBV-infected patients, and that coculture of $CD4^+CD25^+$ Tregs with effector cells significantly suppressed HBsAg-stimulated IFN-γ production and cellular proliferation. At the time of HBV reactivation in patient #6, when the number of $CD4^+Foxp3^+$ Tregs was increased, the reduction in serum HBV DNA was poor and liver damage was continuous. These findings suggest that a reduction in the number of $CD4^+Foxp3^+$ Tregs may induce an effective immune response.

We also observed that serum IL-7, IL-8 and MCP-1 were significantly higher in resolved HBV patients than in ICHB and CHB patients. However, the group of resolved HBV patients was quite miscellaneous and it remains unknown whether the differences among such cytokines and chemokines are responsible for HBV.

It has been demonstrated that IL-7 is required for T cell development and for maintaining and restoring the homeostasis of mature T cells. Administration of recombinant human IL-7 to patients resulted in widespread T cell proliferation, increased T cell numbers, modulation of peripheral T cell subsets and increased T cell receptor repertoire diversity [28]. Furthermore, IL-7 expression by hepatocytes directly controls T cell immune responses to Toll-like receptor signaling in vivo [29]. These observations suggest that IL-7 plays an important role for HBV-specific $CD8^+$ T cell proliferation and that a low level of IL-7 may be involved in the low frequencies of HBV-specific $CD8^+$ T cells in ICHB and CHB patients.

As previously reported, since rituximab therapy is a high risk factor for HBV reactivation, we examined a possible imbalance in serum Th1/Th2 cytokine secretion in HBV reactivation patients. As shown in supplementary Fig. 2, we analyzed the ratio of serum Th1/Th2 cytokines as follows: IFN-γ or IL-12 compared with IL-4 or IL-10. We observed a shift towards IL-10 compared with IFN-γ. However, when we compared IL-12 with IL-4 and IL-10, we observed a shift towards IL-12. Thus, we did not detect an obvious shift towards either Th1 or Th2 cytokines in the serum at the onset of HBV reactivation.

Finally, our study showed that HBV-specific $CD8^+$ T cells are increased at the onset of HBV reactivation despite an immunosuppressive status and declined following resolution of liver disease. In contrast, a reduced number of $CD4^+Foxp3^+$ Tregs was also observed and showed a negative correlation with the frequency of HBV-specific $CD8^+$ T cells. We plan to analyze additional resolved HBV patients prospectively and to clarify the relationships among $CD4^+Foxp3^+$ Tregs, HBV-specific $CD8^+$ T cells and liver damage.

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Conflict of interest The authors have no conflicts of interest to disclose.

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Different mechanisms of hepatitis C virus RNA polymerase activation by cyclophilin A and B in vitro

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ABSTRACT

Background: Cyclophilins (CyPs) are cellular proteins that are essential to hepatitis C virus (HCV) replication. Since cyclosporine A was discovered to inhibit HCV infection, the CyP pathway contributing to HCV replication is a potential attractive stratagem for controlling HCV infection. Among them, CyPA is accepted to interact with HCV nonstructural protein (NS) 5A, although interaction of CyPB and NS5B, an RNA-dependent RNA polymerase (RdRp), was proposed first.
Methods: CyPA, CyPB, and HCV RdRp were expressed in bacteria and purified using combination column chromatography. HCV RdRp activity was analyzed in vitro with purified CyPA and CyPB.
Results: CyPA at a high concentration (50× higher than that of RdRp) but not at low concentration activated HCV RdRp. CyPB had an allosteric effect on genotype 1b RdRp activation. CyPB showed genotype specificity and activated genotype 1b and J6CF (2a) RdRps but not genotype 1a or JFH1 (2a) RdRps. CyPA activated RdRps of genotypes 1a, 1b, and 2a. CyPB may also support HCV genotype 1b replication within the infected cells, although its knockdown effect on HCV 1b replicon activity was controversial in earlier reports.
Conclusions: CyPA activated HCV RdRp at the early stages of transcription, including template RNA binding. CyPB also activated genotype 1b RdRp. However, their activation mechanisms are different.
General significance: These data suggest that both CyPA and CyPB are excellent targets for the treatment of HCV 1b, which shows the greatest resistance to interferon and ribavirin combination therapy.

1. Introduction

Hepatitis C virus (HCV[1]), which belongs to the *Flaviviridae* family, has a positive-strand RNA genome, and its replication is regulated by viral and cellular proteins [1]. The genome encodes a large precursor polyprotein that is cleaved by host and viral proteases to generate at least 10 functional viral proteins: core, envelope 1 (E1), E2, p7, nonstructural protein 2 (NS2), NS3, NS4A, NS4B, NS5A, and NS5B [2]. NS5B is an RNA-dependent RNA polymerase (RdRp) [3–5].

HCV frequently establishes a persistent infection that leads to chronic hepatitis, liver cirrhosis, and hepatocellular carcinoma [6,7]. More than 170 million individuals worldwide are infected with HCV [8], and the challenge of developing HCV treatment continues. First, combination therapy with pegylated interferon α (Peg-IFNα) and ribavirin led to a sustained virological response (SVR) in approximately 55% of patients infected with any HCV genotype and 42–46% of patients with genotype 1 [9,10]. However, many patients could not tolerate the serious adverse effects. Triple therapy consisting of an NS3/NS4A protease inhibitor (boceprevir or telaprevir), Peg-IFN (α-2a or α-2b), and ribavirin was then introduced, and it has become the standard regimen for genotype 1 infection. SVR improved significantly (from 63% to 75%), and the treatment duration decreased from 12 to 6 months [11,12]. However, triple therapy is more toxic than combination therapy [13].

Nonimmunosuppressant cyclosporine A (CsA) analogues/CyP inhibitors such as DEBIO-025 (Alisporivir) [14], NIM811 [15], and SCY-635 [16] are also the most expected candidates for use as anti-HCV drugs because their resistance selection is rare compared with other direct-acting antiviral agents, and the HCV resistant to

Abbreviations: BSA, bovine serum albumin; CsA, cyclosporine A; CyP, cyclophilin; DTT, dithiothreitol; E, envelope; EDTA, ethylenediaminetetraacetic acid; GST, glutathione S-transferase; HCV, hepatitis C virus; NS, nonstructural protein; PPI, peptidyl prolyl *cis/trans*-isomerases; Peg-IFN, pegylated interferon-α; PMSF, phenylmethanesulfonylfluoride; RT-PCR, reverse transcription polymerase chain reaction; RdRp, RNA-dependent RNA polymerase; SDS-PAGE, sodium dodecyl sulfate polyacrylamide gel electrophoresis analysis; SVR, sustained virological response; ΔPPI, PPI knockout; wt, wild type

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CyP inhibitors acquired mutations that allowed for reduced dependence on CyPs [17,18].

CyP was originally discovered as a cellular factor with high affinity for CsA [19]. CyPs comprise a family of peptidyl prolyl *cis/trans*-isomerases (PPI) that catalyze the *cis–trans* interconversion of peptide bonds amino terminal to proline residues, facilitating protein conformation changes [20]. CyPs are potential antiviral targets because CyPA was found to play a critical role in human immunodeficiency virus-1 infection [21,22]. The role of human CyPs as cellular cofactors in HCV replication was first suggested upon discovery of the anti-HCV effect of CsA [23–26]. Although the completion of a binding assay and the mapping of resistance initially suggested that NS5B was a viral target for CsA [27–29], recent papers have pointed to CyPA and NS5A as the central virus–host interaction involved in HCV replication [30–36]. Despite this unfavorable evidence, we analyzed the effect of CyPA and CyPB on HCV RdRp of various genotypes in vitro and found differences in genotype specificity and the mechanism of HCV RdRp activation.

2. Materials and methods

2.1. Purification of HCV RdRp

HCV RNA RdRps with C-terminal 21 amino acid deletion of 1a (H77 and RMT), 1b (HCR6, NN, and Con1), and 2a (JFH1 and J6CF) were expressed in *E. coli* Rosetta/pLysS and purified as described previously [37–40]. The purified HCV RdRps (5 μM, >95% pure) were stocked in 20 mM Tris–HCl (pH 8.0), 500 mM NaCl, 1 mM ethylenediaminetetraacetic acid (EDTA), 5 mM dithiothreitol (DTT), 5% glycerol, and 1 mM phenylmethanesulfonylfluoride (PMSF) at −80 °C. The yield of HCV RdRps is approximately 1.7 mg from a 1-L bacterial culture. The purified HCV RdRps were as shown in Fig. S1 of Weng et al. [38]. The protein purities were determined by sodium dodecyl sulfate polyacrylamide gel electrophoresis analysis (SDS-PAGE), using ImageJ 1.46 (http://rsbweb.nih.gov/ij/).

2.2. Construction of CyP-expressing plasmids

Human CyPA and CyPB were cloned from total RNA extracted from 293T cells, using a reverse transcription-polymerase chain reaction (RT-PCR) kit (Takara, Dalian, China) as published previously [29]. After being digested with *Bam*HI and *Eco*RI, they were cloned into the same site of pGEX-6P-3 (GE Healthcare, Bucks, UK), resulting in pGEXCyPA and pGEXCyPB, respectively. CyPBΔPPI, the enzymatic inactive mutant of CyPB, was PCR cloned into pGEX-6P-3 from pCMV-CyPBΔPPIFL [29], resulting in pGEXCyPBΔPPI. CyPAΔPPI was produced by the introduction of the R55A and F60A mutations using a QuickChangeII Site-Directed Mutagenesis Kit (Stratagene, St. Clara, CA, USA) and primers (5′-GTTCCTGCTTTCACGCCATTATTCCAGGGG CCATGTGTCAGGGTG-3′ and 5′-CACCCTGACACATGGCCCCTGGAATAA TGGCGTGAAAGCAGGAAC-3′).

2.3. Purification of CyPs

E. coli Rosetta were transformed using pGEXCyPA, pGEXCyPAΔPPI, pGEXCyPB, and pGEXCyPBΔPPI. GST-tagged CyPA, CyPB, CyPAΔPPI, and CyPBΔPPI were induced with 1 mM isopropyl β-D-1-thiogalactopyranoside at 18 °C for 4 h. The bacteria were harvested and stocked at −20 °C. After thawing on ice, the bacteria were lysed in 4 packed cell volumes of phosphate-buffered saline, 0.1% Triton X-100, 1 mM EDTA, 1 mM DTT, and 1 mM PMSF. After being clarified by centrifugation at 10,000×g for 30 min at 4 °C and filtered through a 0.45-μm nitrocellulose filter, the extract was incubated with Glutathione Sepharose 4B (GE Healthcare) for 30 min at 4 °C. After the resin was washed with 50 mM Tris–HCl (pH 8.0), 500 mM NaCl, 1 mM EDTA, 1 mM DTT, and 1 mM PMSF, the GST-CyP was eluted using 50 mM Tris–HCl (pH 8.0), 500 mM NaCl, 1 mM EDTA, 1 mM DTT, 10 mM reduced glutathione, and 1 mM PMSF, followed by gel filtration through a Superdex 200 column (GE Healthcare) in 20 mM Tris–HCl (pH 8.0), 500 mM NaCl, 1 mM EDTA, 1 mM DTT, and 10% glycerol. The eluted GST-CyP were diluted to 50 mM NaCl and applied to a MonoQ (GE Healthcare) in 20 mM Tris–HCl (pH 9.0), 50 mM NaCl, 1 mM EDTA, 1 mM DTT, and 10% glycerol. GST-CyPB and GST-CyPBΔPPI were chromatographed using a continuous NaCl gradient of 50–1000 mM. The purified CyPs were stocked at −20 °C.

2.4. In vitro HCV transcription with CyPs

In vitro HCV transcription with CyPs was done as previously described [37–40]. Briefly, the indicated amounts of the CyPs were incubated in 50 mM Tris–HCl (pH 7.5), 200 mM monopotassium glutamate, 3.5 mM $MnCl_2$, 1 mM DTT, 0.5 mM GTP, 200 nM of a 184-nt in vitro transcribed model RNA template (SL12-1S), 100 U/mL of human placental RNase inhibitor, and 100 nM HCV RdRp at 29 °C for 30 min. After preincubation, RdRp was incubated for an additional 90 min with 50 μM ATP, 50 μM CTP, or 5 μM [α-^{32}P]UTP. The RNA products were analyzed using 6% PAGE containing 8 M urea after being purified by phenol/chloroform extraction and ethanol precipitation. The amount of RNA products was analyzed using Typhoon Trio (GE Healthcare).

2.5. RNA filter-binding assay with CyPA and CyPB

An RNA filter-binding assay with CyPA and CyPB was performed as previously described [37,38,40]. Briefly, [^{32}P]-SL12-1S was incubated in 25 μL of 50 mM Tris–HCl (pH 7.5), 200 mM monopotassium glutamate, 3.5 mM $MnCl_2$, 1 mM DTT, and 5 pmol of HCV RdRp with 375 pmol (75×) of CyPA and 25 pmol (5×) of CyPB at 29 °C for 30 min.

2.6. Chemicals and radioisotopes

[α-^{32}P]UTP (800 Ci/mmol, 40 mCi/mL) was purchased from PerkinElmer Life Sciences (Waltham, MA, USA). The nucleotides were purchased from GE Healthcare. The human placental RNase inhibitor T7 RNA polymerase and PrimeSTAR HS DNA polymerase were purchased from Takara. The bacteria were purchased from Novagen (Merck Chemicals, Darmstadt, Germany).

2.7. Statistical analysis

The statistical data were evaluated using Student's *t* test, with $p<0.05$ indicating statistical significance.

3. Results

3.1. Purification of CyPA and B

First, glutathione S-transferase (GST)-tagged CyPA, CyPB, the PPI inactive CyPA (CyPAΔPPI), and CyPB (CyPBΔPPI) were purified using Glutathione Sepharose 4B affinity chromatography. CyPA and CyPAΔPPI were further purified through a Superdex 200 column (Fig. S1). After the Superdex 200 gel filtration, to remove the contaminating nucleic acids, CyPB and CyPBΔPPI were further purified through MonoQ anion exchange chromatography by a continuous NaCl gradient of 50–1000 mM because CyPB has a strong affinity for nucleic acids. Each was eluted with 210–385 mM NaCl (Fig. S2). The purification scheme and purified CyPs are shown in Fig. 1. The yields of CyPA and CyPAΔPPI were approximately 3 mg from a 1-L bacterial culture. CyPA and CyPAΔPPI were >95% pure and stocked at 5 mg/mL in 20 mM Tris–HCl (pH 8.0), 500 mM NaCl, 1 mM EDTA, 1 mM DTT, and 10% glycerol. CyPB and CyPBΔPPI were stocked at 5 mg/mL in 20 mM Tris–HCl (pH 9.0), 500 mM NaCl, 1 mM EDTA, 1 mM DTT,

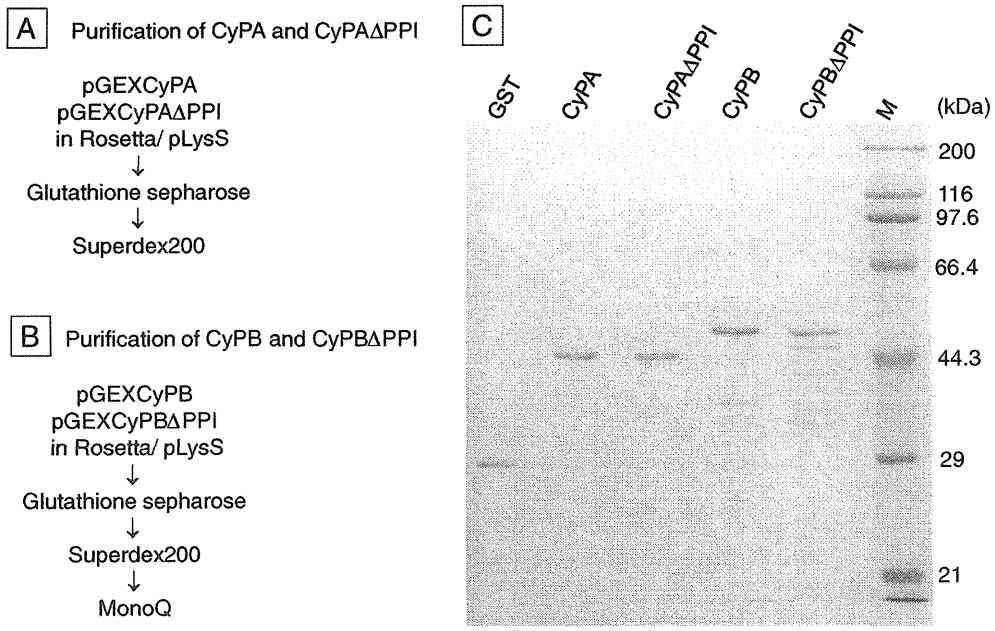

Fig. 1. Cyclophilin purification. The purification schemes of cyclophilin A (CyPA) and the peptidyl prolyl isomerase-inactive mutant protein of CyPA (CyPAΔPPI) (A), cyclophilin B (CyPB) and CyPBΔPPI (B), and sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE) (C) with 5 pmol each of purified glutathione S-transferase (GST; 28.3 kDa), GST-CyPA (44.9 kDa), GST-CyPAΔPPI (44.7 kDa), GST-CyPB (52.1 kDa), and GST-CyPBΔPPI (52 kDa) were separated through 10% SDS-PAGE and stained with Coomassie brilliant blue. The sizes of the molecular weight standards (M) are indicated on the right side of the gel. Their final elution profiles are shown in Figs. S1 and S2.

and 10% glycerol. The yields of CyPB and CyPBΔPPI were approximately 1 mg from a 1-L bacterial culture. The purities of CyPB and CyPBΔPPI were >95% and >90%, respectively.

3.2. HCV 1b and JFH1 (2a) transcription in vitro with CyPA and CyPB

The dose–response effects of CyPA and CyPB were examined using an in vitro transcription system of HCR6 (1b) and JFH1 (2a) RdRp wild type (wt). CyPA and CyPB were added to the optimal HCV in vitro transcription condition while the RNA synthesis was in the log phase [4,37]. RdRp (100 nM) was incubated with 0, 50 (ratio to RdRp: 0.5×), 100 (1×), 200 (2×), 500 (5×), and 1000 nM (10×) CyPA and CyPB, GST, or bovine serum albumin (BSA) in GTP (the initiating nucleotide) and an RNA template for 30 min, followed by elongation with ATP, CTP, and UTP for 90 min. CyPA enhancement was further tested using 2 (20×), 5 (50×), 7.5 (75×), and 10 (100×) μM because the enhancement effect of CyPA under 1 μM (10×) was unclear. Fig. S3 shows the autoradiography of HCV HCR6 (1b) and JFH1 (2a) RdRpwt with CyPA and CyPB, the graphs of which were drawn using the data from 3 independent experiments (Fig. 2).

The CyPA activation of both RdRps showed 2 reaction speeds. The first-order ratio of CyPA to HCR6 (1b) RdRpwt<50× is fitted as a linear regression curve, the equation for which is $y=0.07x$ (CyPA-to-RdRp ratio) + 0.7. The linear regression curve fitting of the ratio >50× is $y=0.4x$ (CyPA-to-RdRp ratio) − 17 when calculated from 3 points. That of CyPA to JFH1 (2a) RdRpwt is fitted to a similar linear regression, $y=0.09x$ (CyPA-to-RdRp ratio) + 0.9 (the CyPA-to-RdRp ratio<50×). HCVR6 (1b) and JFH1 (2a) RdRps were activated by 100× CyPA to 25-±0.2- and 19-±1-fold, respectively.

The CyPB activation of HCR6 (1b) RdRpwt occurred in a dose-dependent manner and fitted a sigmoid curve, and the enhancement effect reached a plateau (9.4×) at the ratio of 5×. Neither GST nor BSA enhanced HCR6 (1b) RdRpwt. CyPB, GST, and BSA did not enhance JFH1 (2a) RdRpwt (<1.5×) at the concentrations described earlier.

3.3. Effect of the PPI inactive mutant proteins of CyPA and CyPB

CyP has PPI activity. To test the contribution of PPI activity to HCV HCR6 (1b) and JFH1 (2a) RdRpwt activation, the activation effect of the PPI inactive mutant proteins, CyPAΔPPI at 100× (10 μM) and CyPBΔPPI at 2× (200 nM), were tested together with 100× (10 μM) GST and BSA (Fig. 3). CyPA enhanced JFH1 (2a) RdRpwt 17.6×, whereas CyPAΔPPI enhanced it 16.2×. This difference is statistically significant (Student's t test, $p<0.05$). CyPA enhanced HCR6 (1b) RdRpwt activity 27.7×, whereas CyPAΔPPI enhanced it 16.0×. BSA slightly inhibited both RdRps at the same concentration in this experiment. As shown in Fig. 2C and D, it can be concluded that BSA has no effect on HCV transcription. GST enhanced JFH1 (2a) RdRpwt activity 5.0×, but it did not affect HCR6 (1b) RdRpwt activity. CyPB enhanced HCR6 (1b) RdRpwt activity 2.3×, whereas CyPBΔPPI enhanced it 1.7×. This difference is also statistically significant (Student's t test, $p<0.05$). JFH1 (2a) RdRpwt was not activated by CyPB or CyPBΔPPI.

3.4. CyP activation steps of HCV transcription

The HCV transcription steps of CyP enhancement were analyzed by the sequential addition of CyPs during in vitro transcription (Fig. 4). CyPA enhanced HCR6 (1b) and JFH1 (2a) RdRpwt, whereas CyPB enhanced HCR6 (1b) RdRpwt when HCV RdRps were incubated with them from the start of transcription (initiation). The CyP effect was then tested after their addition during the elongation period after HCV RdRps was initiated with GTP. CyPA (100×; 10 μM) and CyPB (5×; 500 nM) were added to HCV RdRps after the 30-min incubation with GTP, when 3 GTPs were incorporated at the 5′ end of the products. CyPB did not enhance HCR6 (1b) or JFH1 (2a) RdRp when added during the elongation period, although it enhanced HCV RdRp when added at the start of transcription. CyPA enhanced HCR6 (1b) and JFH1 (2a) RdRp activity only 1.6× (Student's t test, $p<0.05$) and 2.1× ($p<0.01$), respectively, when added during the elongation step. These results suggest that CyPA and CyPB activated only the transcription initiation step of HCV RdRps.

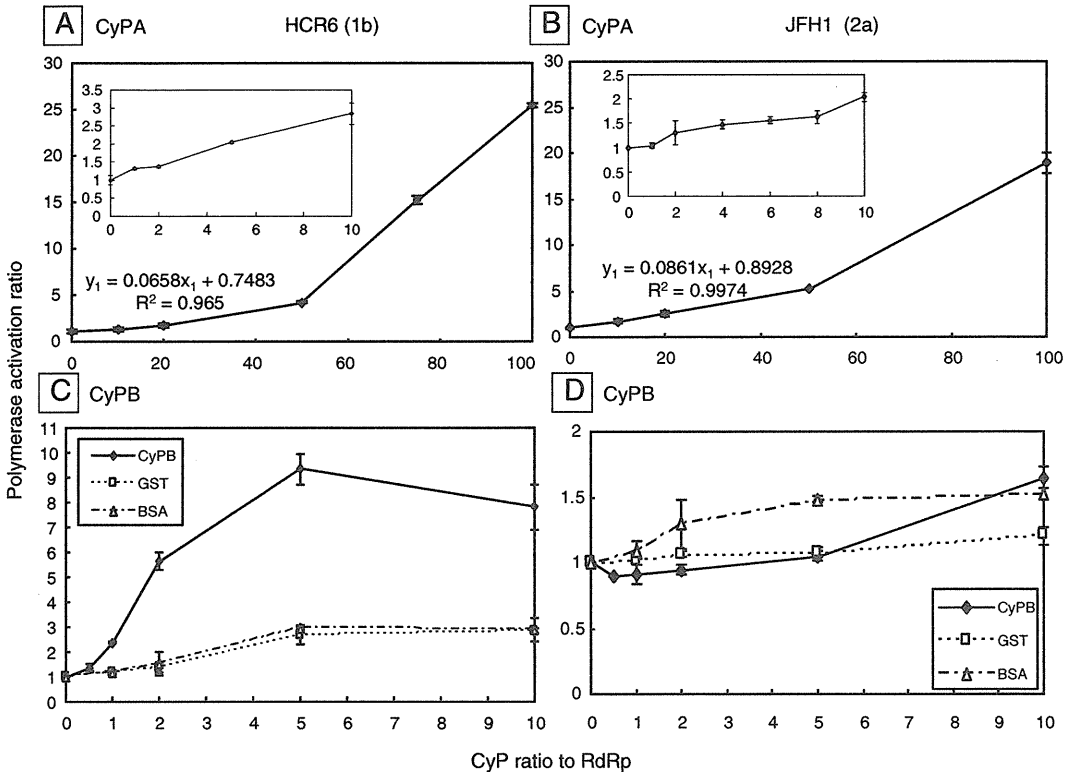

Fig. 2. Dose–response curve of cyclophilin A (CyPA) and cyclophilin B (CyPB) in hepatitis C virus (HCV) transcription in vitro. The dose–response curve of the HCV RdRp activation of CyPA in HCR6 (1b) RdRpwt (A) and JFH1 (2a) RdRpwt (B) CyPB in HCR6 (1b) RdRpwt (C) and JFH1 (2a) RdRpwt was drawn from the image analysis of Fig. S3. Insets A and B indicate that of 0, 0.5×, 1×, 2×, 5×, and 10× of CyPA to RdRp. The first-order ratio of the curves of A and B were fit by linear regression, and the calculated equations are indicated in the graph. The mean relative polymerase activation ratio and standard deviation (error bar) were calculated from 3 independent measurements.

The effects of 75× CyPA and 5× CyPB on the RNA-binding activity of HCR6 (1b) and JFH1 (2a) RdRp were then tested (Fig. 4E). The effects of HCR6 (1b) and JFH1 (2a) RdRp with CyPA were 10.1-±0.56- and 6.6-±0.68-fold of that without CyPA, respectively. The effect of HCR6 (1b) RdRp with CyPB was 3.1-±0.3-fold of that without CyPB. The RNA-binding activity of HCV RdRps was thus enhanced by the addition of CyPA and CyPB.

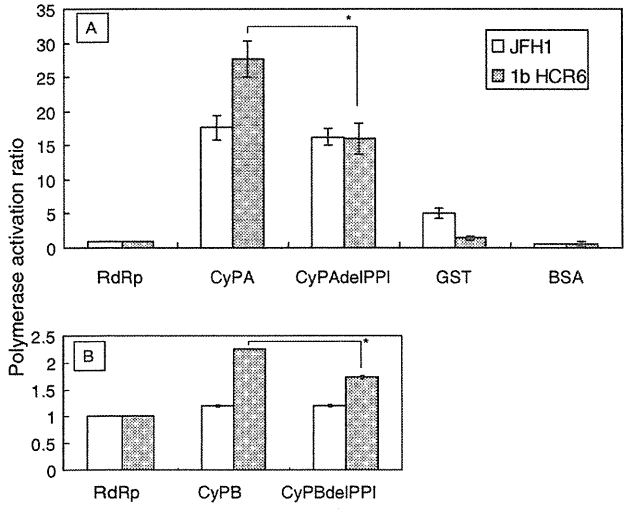

Fig. 3. Effects of cyclophilin A (CyPA) and cyclophilin B (CyPB) with and without peptidyl prolyl isomerases activity on hepatitis C virus (HCV) JFH1 (2a) and HCR6 (1b) RdRp. HCV HCR6 (1b) and JFH1 (2a) RdRpwt (100 nM) were incubated with 100× (10 μM) of CyPA, CyPAΔPPI, glutathione S-transferase (GST), and bovine serum albumin (BSA) (A). HCV RdRps were incubated with 5× (500 nM) of CyPB, CyPBΔPPI, GST, and BSA (B). The mean relative polymerase activity and standard deviation (error bar) were calculated from 3 independent measurements. *$p<0.01$ (Student's t test).

3.5. Effect of CyP activation on RdRp of various HCV genotypes

The CsA sensitivity differed among the HCV genotypes [41]. Therefore, we tested the effects of CyPA and CyPB activation on NN (1b), H77 (1a), RMT (1a), and J6CF (2a) RdRp (Fig. 5). RdRp activity was compared with and without 50× (5 μM) CyPA and 5× (500 nM) CyPB. At their respective concentrations, CyPA activated all of the tested HCV RdRps by 3.9–5.3×, but CyPB activated only 1b RdRps (8–10×). CyPB slightly activated J6CF (2a) RdRp (approximately 4×), but it did not activate the 1a or JFH1 (2a) RdRps (1.4–1.8×).

4. Discussion

Since CsA was discovered to inhibit HCV infection [23–26], the CyP pathway contributing to HCV replication has been proposed as a potential stratagem for controlling HCV infection. Reports about the roles of CyPA in HCV replication via NS5A have been accumulating [33–35,42–44]. However, the effect of CyP inhibitors varied on the RNA-binding activity of NS5B [41,45], and DEBIO-025 decreased CyPB levels in patients [46]. Controversial results of CyPA and CyPB knockout experiments on HCV replicon activity were reported [29,30,47]. Therefore, the effects of CyPA and CyPB on HCV RdRp were carefully analyzed again in vitro.

In this study, we demonstrated that CyPA and CyPB activated HCV 1b RdRp in vitro by completely different kinetics using purified CyPs

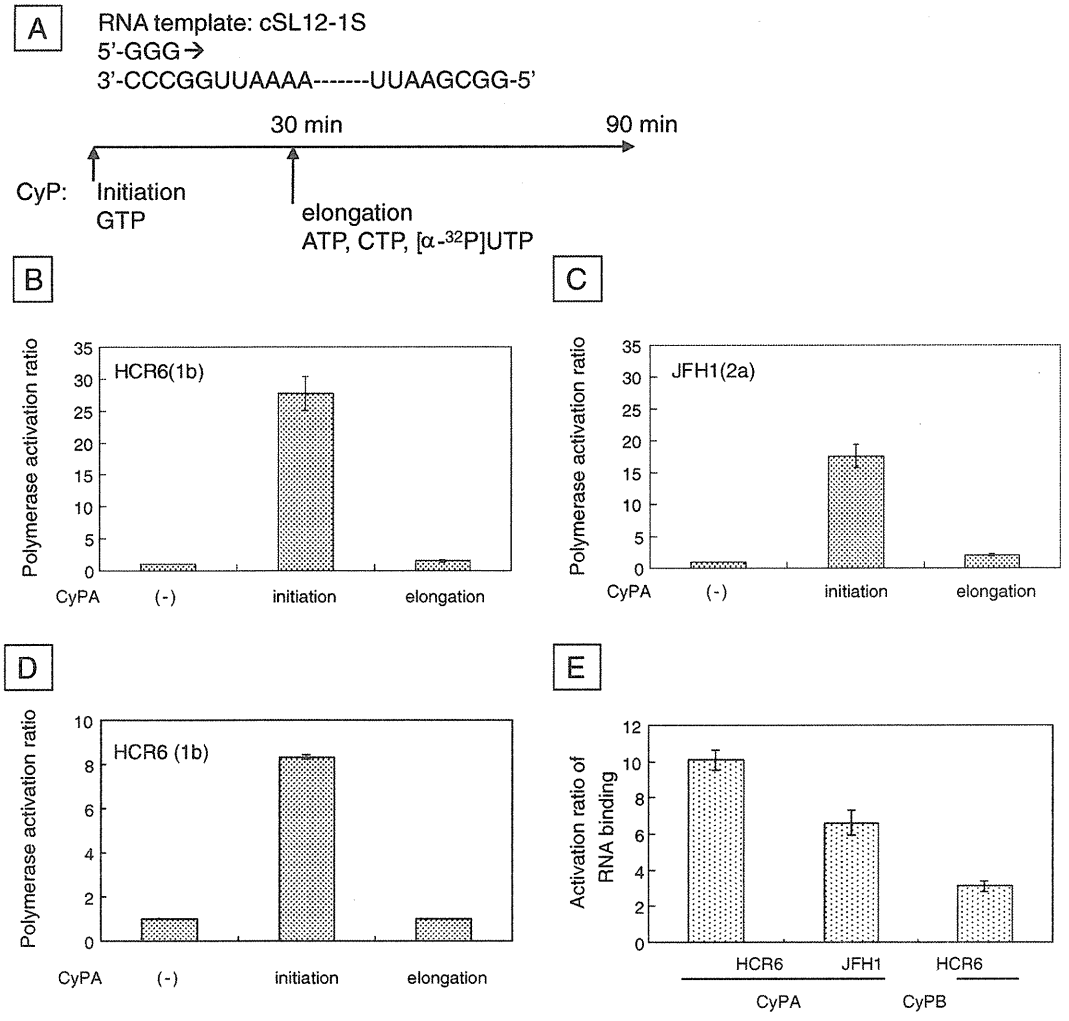

Fig. 4. Hepatitis C virus (HCV) RdRp activation effects of cyclophilin A (CyPA) and cyclophilin B (CyPB) on transcription initiation and elongation. The polymerase activation effect of the timing of the CyPA or CyPB addition was examined. The sequence of the model RNA template (SL12-1S) and experimental design are shown in A. CyPA 100× (10 μM) was incubated with HCR6 (1b) RdRpwt (A) and JFH1 (2a) (B) RdRp during preincubation with 0.5 mM GTP (initiation) or after preincubation (elongation). CyPB 5× (500 nM) was incubated with HCVR6 (1b) RdRpwt during preincubation with 0.5 mM GTP (initiation) or after the preincubation (elongation) (C). The mean relative polymerase activation ratio and standard deviation (error bar) were calculated from 3 independent measurements. The effect of the 100× CyPA and 5× CyPB on RNA template binding was examined (E).

and HCV RdRps (Fig. 2), which indicated that the mechanism of their HCV RdRp activation differed despite their similar structures [48–50]. Kinetic analysis of CyPA on HCR6 (1b) and JFH1 (2a) RdRp indicated that it had a similar activation mechanism on both HCV RdRps. CyPA did not activate HCV RdRp at low concentrations, but it did activate it at >50× molar excess to it. The unusual dose of CyPA activating HCV RdRp (Fig. 2) postulates that HCV RdRp may be surrounded by CyPA in vitro and factors involving CyPA and HCV RdRp interaction, such as NS5A, in the HCV replication complex of the infected cells [27,28,31,36,51–53] because the interaction of CyPA and HCV RdRp was weak (Fig. S4).

Although some controversial results were obtained from those of Heck et al. [54], the studies agree that CyPB also activated HCV 1b RdRp in vitro. The activation kinetics of CyPB on HCR6 (1b) RdRp showed a sigmoid-like curve (Fig. 2) that suggested an allosteric effect of CyPB on RdRp activity. CyPB may interact with HCV RdRp as a cofactor and directly activate HCR6 (1b) RdRp. The HCV RdRp–CyPB complex was likely to interact more with CyPB, and its activation plateaued at the CyPB/RdRp ratio of 5:1 (Fig. 2C). The CyPB activation curves of Heck et al. [54] also plateaued. These data from the 2 independent groups support the weak interaction between CyPB and HCV 1b RdRp (Fig. S4).

CyPA did not show genotype specificity in the current study (Fig. 5A), a finding that agrees with those of CyPA knockdown, DEBIO-025, and CsA experiments [30,43,55]. CyPB activation showed genotype specificity (Fig. 5B) [54]; CyPB activated 1b and J6CF (2a) RdRp but did not activate 1a or JFH1 (2a) RdRp. Both reports agreed with the finding that JFH1 (2a) subgenomic replicon was independent of CyPB [41]. Although mutations accumulated in the NS5A region of CsA- or DEBIO-025-resistant HCV replicons, some mutations were found in the NS5B region [18,27,28,33,45].

Another controversial result between that of Heck et al. [54] and ours is the Mg^{2+}-dependency of the CyPB activation. The Mg^{2+} concentration in cells is 14–20 mM, and Mg^{2+} ions are distributed almost equally throughout the nuclei, mitochondria, and cytosol/endoplasmic reticulum [56]. The Mn^{2+} concentration in cells varies from report to report [57,58]. The optimal Mn^{2+} and Mg^{2+} concentrations in the HCV in vitro transcription used in this study were

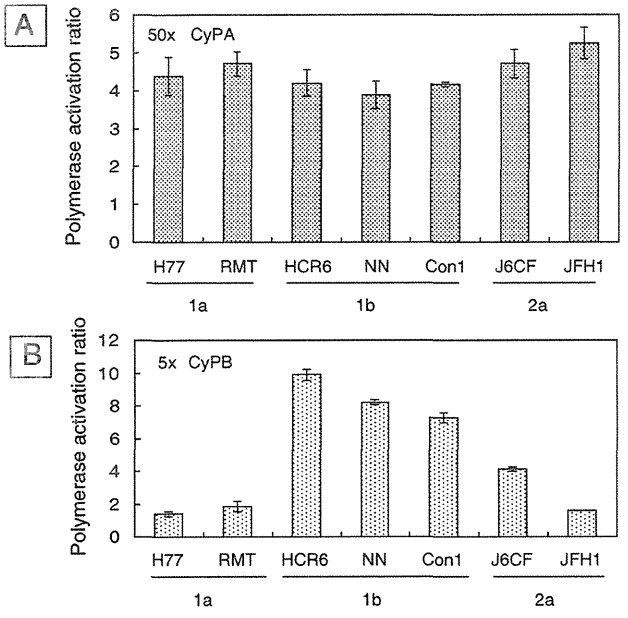

Fig. 5. Activation effects of cyclophilin A (CyPA) and cyclophilin B (CyPB) on hepatitis C virus (HCV) RNA polymerase of genotypes 1a, 1b, and 2a. The polymerase activation effects of CyPA and CyPB on HCV 1a (H77 and RMT), 1b (HCR6, NN, and Con1), and 2a (J6CF and JFH1) were examined. HCV RdRp (100 nM) was incubated with 50× CyPA and 5× CyPB. The mean relative polymerase activation ratio and standard deviation (error bar) were calculated from 3 independent measurements.

different from the physiological concentrations in cells [4,37]. However, under the optimal HCV transcription condition, HCV RdRp activation was observed by CyPA and CyPB (Fig. 1).

The amount of CyPA varies by cell type [59]. In some cells, CyPB may also contribute to HCV 1b replication because it localizes in the endoplasmic reticulum and plasma membranes [60,61], which form a membrane web in which an HCV replication complex exists [1].

PPI activity of CyPs is essential for HCV replicon activation [32,53]. CyP inhibitors (DEBIO-025, NIM811, and SCY-635) inhibit PPI activity. The PPI activity of CyPA contributed to HCV RdRp activation and CyP-NS5A binding [36]. The PPI activity of CyPA partly contributed to the activation of HCR6 (1b) RdRpwt in vitro (Fig. 3A, $p<0.01$). The PPI activity of CyPB may not be essential for RdRp activation because the activation ratio was not large between CyPB and CyPBΔPPI, although the experiment showed a statistically significant difference (Fig. 3B). There may be differences in the RdRp activation mechanisms of CyPA with and without PPI activity. This finding will help with the development of new CyPA inhibitors that target domains other than PPI.

The mechanism of HCV RdRp activation by CyPs is not clear. In the least, CyPA and CyPB enhanced the early stage of HCV transcription, including the template RNA binding of HCV RdRp (Fig. 4) [29,41,45]. The productive template-polymerase binding is the late-limiting step of transcription initiation by HCV RdRp in vitro, and a small fraction of HCV RdRp was active in vitro [62,63]. CyP may enhance this step on many HCV RdRp molecules to show apparent activation of RdRp in vitro.

Considering the controversial reports on CyP and HCV replication [29,33,35,41,43,44], it can be concluded that CyPA is the major factor of HCV genome replication and that the activation of HCV RdRp may require other factors such as NS5A to condense CyPA around the HCV RdRp. Although many HCV treatment approaches have been applied in addition to Peg-IFN, ribavirin, and NS3/NS4a protease inhibitor [64–67], more effort has to be made to ensure an HCV cure. This study and that of Heck et al. [54] demonstrated similar activation kinetics and genotype specificity of CyPB activation (Figs. 2 and 5). CyPB also has the potential to activate HCV 1b genome replication in a limited condition, and it should also be included as the target of inhibitor development because HCV 1b is the genotype that is most resistant to treatment [13].

Acknowledgments

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Appendix A. Supplementary data

Supplementary data to this article can be found online at http://dx.doi.org/10.1016/j.bbagen.2012.08.017.

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Impairment of interferon regulatory factor-3 activation by hepatitis C virus core protein basic amino acid region 1

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ABSTRACT

Interferon regulatory factor-3 (IRF-3), a key transcriptional factor in the type I interferon system, is frequently impaired by hepatitis C virus (HCV), in order to establish persistent infection. However, the exact mechanism by which the virus establishes persistent infection has not been fully understood yet. The present study aimed to investigate the effects of various HCV proteins on IRF-3 activation, and elucidate the underlying mechanisms. To achieve this, full-length HCV and HCV subgenomic constructs corresponding to structural and each of the nonstructural proteins were transiently transfected into HepG2 cells. IFN-β induction, plaque formation, and IRF-3 dimerization were elicited by Newcastle disease virus (NDV) infection. The expressions of IRF-3 homodimer and its monomer, Ser386-phosphorylated IRF-3, and HCV core protein were detected by immunofluorescence and western blotting. IFN-β mRNA expression was quantified by real-time PCR (RT-PCR), and IRF-3 activity was measured by the levels of IRF-3 dimerization and phosphorylation, induced by NDV infection or polyriboinosinic:polyribocytidylic acid [poly(I:C)]. Switching of the expression of the complete HCV genome as well as the core proteins, E1, E2, and NS2, suppressed IFN-β mRNA levels and IRF-3 dimerization, induced by NDV infection. Our study revealed a crucial region of the HCV core protein, basic amino acid region 1 (BR1), to inhibit IRF-3 dimerization as well as its phosphorylation induced by NDV infection and poly (I:C), thus interfering with IRF-3 activation. Therefore, our study suggests that rescue of the IRF-3 pathway impairment may be an effective treatment for HCV infection.

1. Introduction

Hepatitis C virus (HCV), a flavivirus comprising a positive-sense, single-stranded RNA (ssRNA) of approximately 9.6 kb [1], causes persistent disease in infected individuals, possibly leading to chronic liver injury [2]. Despite the approximately 170 million individuals worldwide suffering from HCV infection that ranges from chronic hepatitis to hepatocellular carcinoma (HCC) [3,4], the exact mechanism by which the virus establishes persistent infection is not fully resolved.

The innate immune system is activated immediately upon infection as the first line of host defense against invading pathogens, with type I interferon (IFN) signaling being the crucial step in the antiviral response [5]. The IFN system is, therefore, a prime target of HCV and other viruses in order to establish persistent infections [6], wherein the disruption of the type I IFN-activation pathway forms the most efficient strategy for HCV. Studies on HCV IFN-interference mechanisms have revealed that the HCV proteins NS5A and E2 selectively inhibit the double-stranded RNA-activated protein kinase (PKR) [7,8], an IFN-inducible antiviral molecule that controls transcription and translation [6]. IFN-β, a crucial molecule in type I IFN signaling, is regulated by several cellular factors associated with the activation of interferon regulatory factor-3 (IRF-3), leading to its rapid induction following viral infection [9,10]. However, IFN-β induction is impaired in HCV-infected cells, thus resulting in the disruption of IFN downstream signaling cascade [11].

IRF-3, a key constitutively expressed transcriptional factor localized in the cytoplasm in its inactive form [9], is activated upon

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phosphorylation, whereby it translocates to the nucleus to act as a transcriptional factor for positive regulatory domain (PRD) I of the IFN-β promoter. IRF-3 activation also induces phosphorylation of Ser385 and Ser386 or the serine/threonine (Ser/Thr) cluster between amino acids (aa) 396 and 405 (located at the C-terminus of IRF-3), a step that is essential for dimerization and nuclear translocation.

A previous study by Foy et al. showed that the NS3/4A serine protease derived from a subgenomic replicon participates in the suppression of the cellular pathway that activates IRF-3 [12]. The NS3/4A protein of HCV disrupts signaling of the double-stranded RNA (dsRNA) receptors, retinoic acid-inducible gene-I (RIG-I), and Toll-like receptor 3 (TLR3) by inducing proteolysis of interferon promoter stimulator-1 (IPS-1) [13–15] and Toll/interleukin-1 receptor (TIR) domain-containing adaptor protein inducing IFN-β (TRIF) [16], as well as by suppressing the downstream activation of IFN-β [13].

In view of the above observations and the emerging data on the role of HCV in regulating the IRF-3 pathway by additional mechanisms, we aimed to investigate the effects of various HCV proteins on IRF-3 activation, and further elucidate the underlying novel mechanisms.

2. Material and methods

2.1. Transient expression of the HCV core proteins E1, E2, and NS3-4A

HepG2 cells were transfected to express E1, E2, or NS3-4A HCV core protein under the control of EF promoter (Invitrogen). The HCV core expression vectors were derived from HCR6 (genotype 1b), HCR24-12K (genotype 2a), or HCR24-12Q (genotype 2a). The E1, E2, and NS3 clones derived from HCR6 contained either the full-length cDNAs encoding the core protein or 1 of the 3 different deletions (deletion mutants), each of which lacked 1 of the 3 basic amino acid regions (BR), BR1 deletion (aa 4–14), BR2 deletion (aa 37–44), and BR3 deletion (aa 57–72) [17]. HepG2 cells were transfected with 4 μg of the core cDNA (amino acids 1–191), E1 (amino

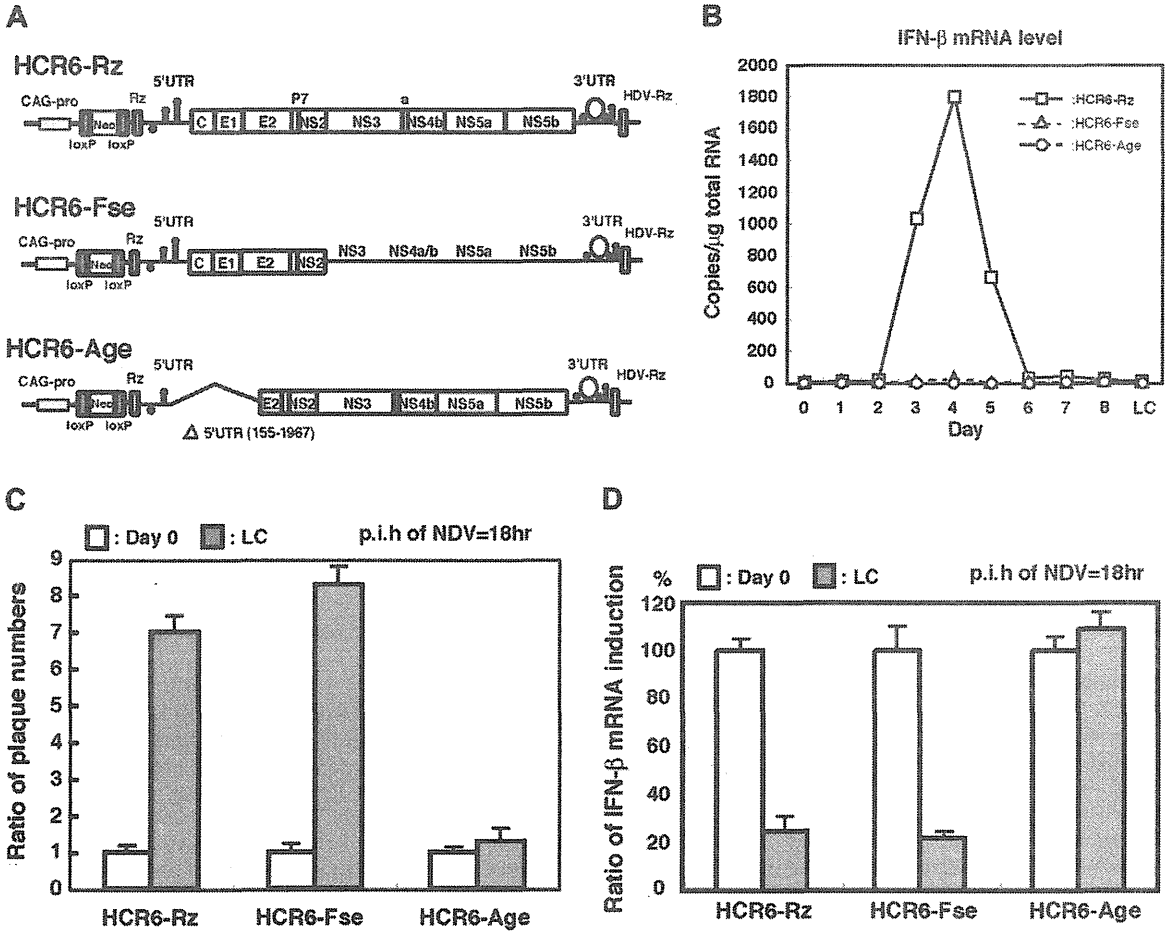

Fig. 1. (A) Structures of the conditional expression vectors for HCV RNAs and proteins. The cDNA clones that displayed highest level of homology to the consensus sequences among the 3 clones were used to construct *HCR6-Rz* (nt 1–9611). *HCR6-Fse* clone harbored a termination codon introduced at nucleotide 3606 and truncated *HCR6-Age* clone lacked nucleotides 155–1967. They were flanked with ribozyme (Rz) and hepatitis D virus ribozyme (HDV-Rz) sequences under the control of the CAG promoter in the Cre/*lox*P switching expression cassette, which consisted of the neomycin resistance gene, as a stuffer region flanked by the *lox*P sequence. (B) IFN-β mRNA levels in the cell lines *HCR6-Rz*, *HCR6-Fse*, and *HCR6-Age* before and after the expression of the HCV protein. The results are expressed as copy numbers per microgram of total RNA, as quantified by RT-PCR. (C) Efficiency of NDV plaque formation. Plaque assays were performed on Vero cells for NDV infectivity in *HCR6-Rz*, *HCR6-Fse*, or *HCR6-Age* before and after the expression of the HCV protein. The plaque numbers were counted 3 days after NDV inoculation. The ratio indicates the plaque numbers after the expression of the HCV genome divided by the plaque numbers before the expression of the HCV genome. (D) Suppression of IFN-β mRNA induction by HCV expression, 18 days after NDV inoculation. Day 0, before the expression of the HCV genome; Day 48, after the expression of the HCV genome. The results are expressed relative to the levels on Day 0 (100%) in each of the 3 HCV-expressing systems. p.i.h., post-inoculation hour.

acids 192–383), E2 (amino acids 384–809), NS3-4A (amino acids 1027–1711), or the core regions lacking the BR, in 35-mm dishes, by using Lipofectamine 2000 (Invitrogen) at 37 °C for 6 h. The medium was subsequently replaced with normal culture medium, and the cells were harvested after 48 h.

2.2. Newcastle disease virus (NDV) infection and addition of polyriboinosinic:polyribocytidylic acid [poly(I:C)]

NDV (Miyadera strain) was propagated from swabs by using the embryonated egg culture method, as described in the Supplementary methods.

Poly(I:C) (20 μg/well; GE Healthcare) was added to HepG2 cells in 35-mm dishes, 48 h after transfection with the core expression vector derived from HCR6 (genotype 1b).

2.3. Native PAGE of IRF-3 and phosphorylated IRF-3

Cells were lysed in 30 μL of lysis buffer (50 mM Tris–HCl [pH 8.0], 1% NP-40, 150 mM NaCl, 100 μg/mL leupeptin, 1 mM PMSF, 5 mM Na_3VO_4), mixed vigorously, and centrifuged at 15,000 rpm for 10 min; the supernatant was isolated. Total protein samples (10 μg) were electrophoresed on a 7.5% native PAGE gel (Bio-Rad Laboratories) and transferred onto a PVDF membrane. IRF-3 homodimer and its monomer and Ser386-phosphorylated IRF-3 were detected by western blotting using polyclonal rabbit antibodies, anti-human IRF-3 (1:1000) [18] and, anti-human Ser386-phosphorylated IRF-3 (1:10,000), respectively. Detection was achieved by enhanced chemiluminescence (ECL; Amersham, UK) according to the manufacturer's instructions. The rabbit anti-human IRF-3 and anti-human Ser386-phosphorylated IRF-3 antibodies were described previously [19].

2.4. Quantification of IFN-β gene expression

IFN-β mRNA expression was quantified by using real-time PCR (RT-PCR) as described previously [20] and Supplementary methods using the following primers and probes: sense (5′-CCATCTATGA GATGCTCCAGAA-3′), antisense (5′-TTTTCTTCCAGGACTGTCTTCA-GA-3′) and probe (5′-AGCACTGGCTGGAATGAGACTATTGTTG-3′).

3. Results

3.1. Induction of IFN and IRF-3 by HCV-Rz

To evaluate the effect of HCV gene persistent expression, cell lines expressing the HCV genomes in a Cre/*lox*P expression system [20] were established by transfecting the full-genome HCV (*HCR6-Rz*); core, E1, E2, and NS2 (*HCR6-Fse*); and E2~NS5b (*HCR6-Age*) (Fig. 1A) clones into HepG2 cells. Of the 3 HCV expression systems, only *HCR6-Rz* transiently induced endogenous IFN-β expression (Fig. 1B). No endogenous IFN-β was detected by RT-PCR on Day 0 or Day 48 (long culture; LC) [21] in any of the 3 systems (Fig. 1B).

3.2. Effect of HCV expression on NDV infection and IFN-β induction

Further, we examined whether the persistent expression of HCV genome influenced the plaque formation activity of NDV in *HCR6-Rz*-, *HCR6-Fse*-, and *HCR6-Age*-expressing cell lines. Prior to the expression of HCV proteins, the plaque numbers were similar across all the cell lines (Fig. 1C). Expression of HCV proteins for more than 48 days [21] increased plaque numbers in the *HCR6-Rz*- and *HCR6-Fse*-expressing cells from 7- to 8-fold (Fig. 1C); however, plaque numbers in the *HCR6-Age*-expressing cells remained constant. These findings thus indicate that HCV structural proteins interfered with the induction of IFN-β mRNA, after NDV infection (18 h post-infection). Therefore, we measured IFN-β mRNA levels in the 3 cell lines, *HCR6-Rz*, *HCR6-Fse*, and *HCR6-Age*, by RT-PCR before (Day 0) and after (Day 48) inoculation with NDV (Fig. 1D). The mRNA expression of IFN-β was not observed prior to NDV infection in any of the 3 cell lines (Day 0). Notably, after 18 h of NDV inoculation and prior to the expression of various HCV proteins (Day 0), the levels of IFN-β mRNA transcription were similar among *HCR6-Rz*-, *HCR6-Fse*-, and *HCR6-Age*-expressing cell lines (Fig. 1D). Following HCV protein expression, the induced IFN-β mRNA expression was reduced to 20% in both *HCR6-Rz*- and *HCR6-Fse*-expressing cell lines. However, IFN-β mRNA expression remained constant in the *HCR6-Age*-expressing cell line.

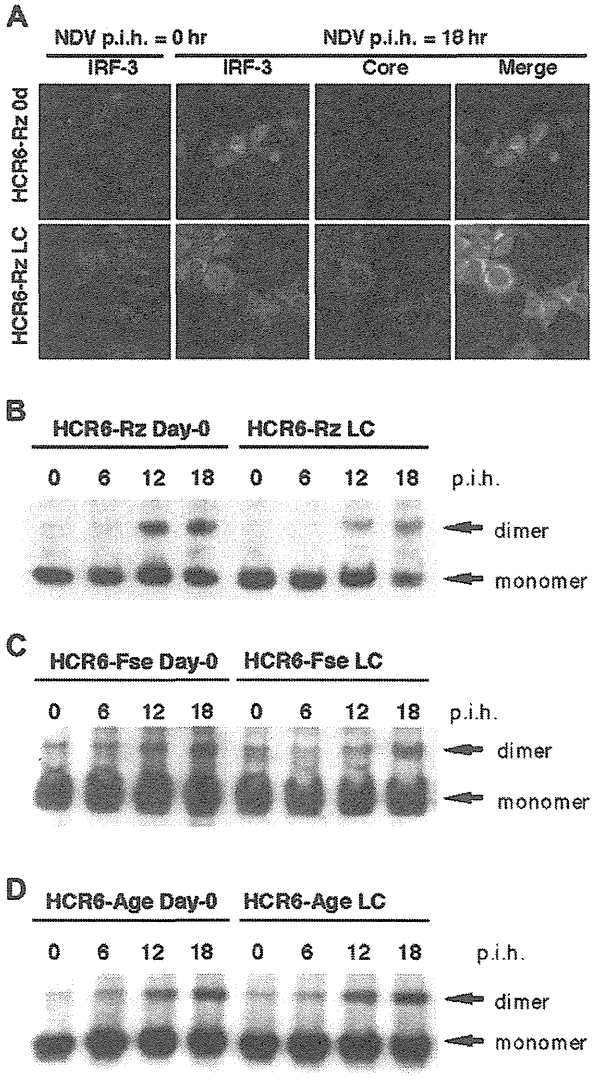

Fig. 2. (A) HCV inhibition of IRF-3 nuclear translocation. IRF-3 is a constitutively expressed transcriptional factor that localizes in the cytoplasm in a diffuse manner, when inactive. After NDV inoculation and prior to the expression of the HCV genome, IRF-3 translocated to the nucleus but was retained at a perinuclear site in the *HCR6-Rz*-expressing cells (Day 48). IRF-3 colocalized with the HCV core protein. (B–D) Suppression of IRF-3 dimerization by HCV expression. The dimeric and monomeric forms of IRF-3 were detected by western blotting on native PAGE gels. The influence of (B) *HCR6-Rz* expression, (C) *HCR6-Fse* expression, and (D) *HCR6-Age* expression on IRF-3 dimerization is shown. NDV was used to induce IRF-3 dimerization.

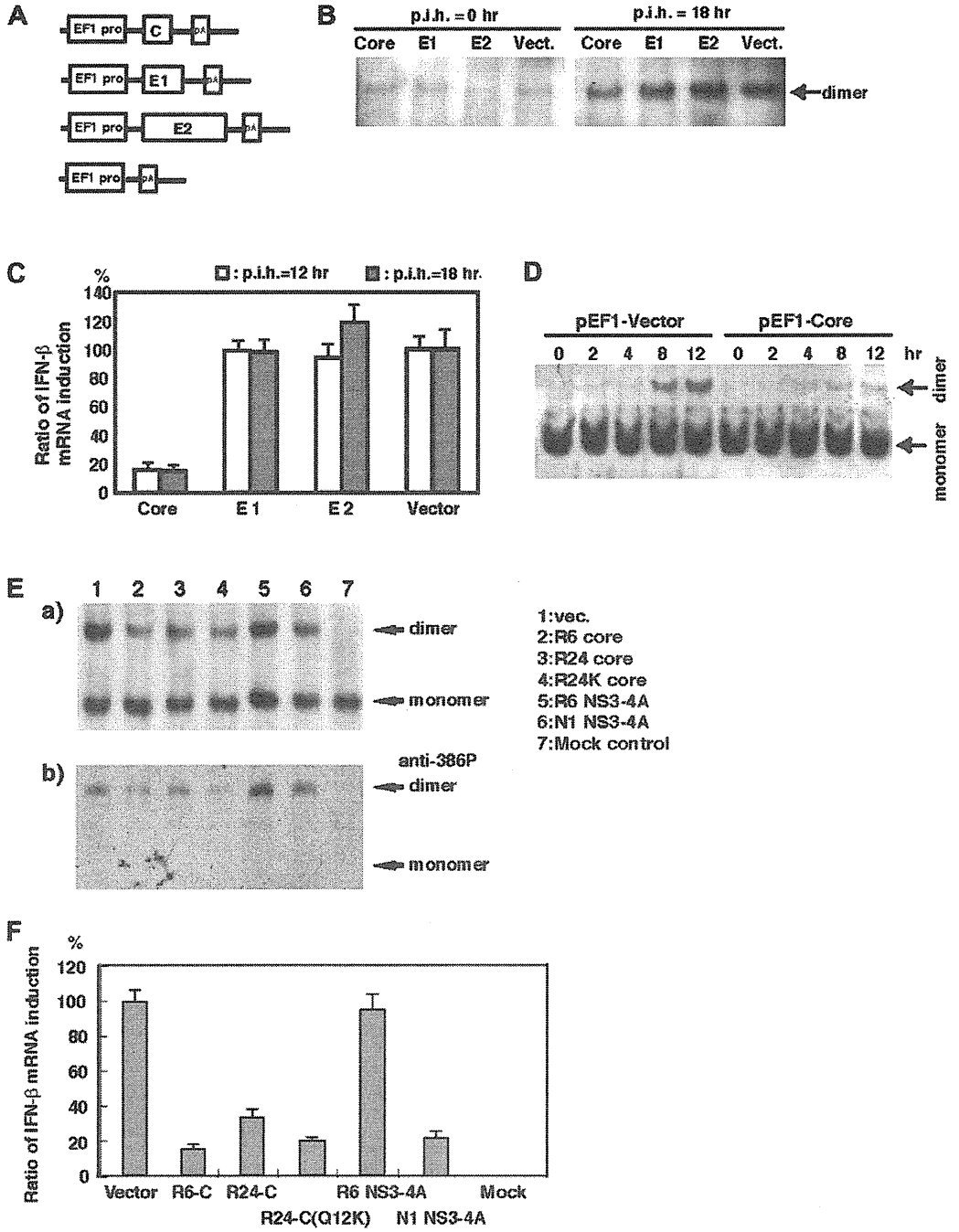

Fig. 3. (A) Structures of the HCR6 core, E1, and E2 expression vectors encoding the HCV core (aa 1–191), E1 (amino acids 192–383), and E2 (amino acids 384–809) proteins, respectively, under the control of the EF1 promoter. (B) Left panel, IRF-3 dimerization induced by NDV before transfection with the expression vectors; right panel, IRF-3 dimerization induced by NDV after transfection with the expression vectors. (C) IFN-β mRNA induction levels at 12 and 18 h after NDV inoculation into HepG2 cells transfected with the vector alone, core, E1, or E2 proteins. The results are expressed relative to the induction levels of IFN-β in HepG2 cells transfected with the vector alone (100%), for post-inoculation, each time. (D) IRF-3 dimerization on administration of 10 mg/mL poly(I:C) before the expression (Day 0), and at 2, 4, 8, and 12 h after the expression of the HCV core (pEF-Core) or vector plasmid DNA. (E) Effects of the expression of vector (lane 1), R6 core (lane 2), R24 core (lane 3), R24 core (Q12K) (lane 4), R6-NS3-4A (lane 5), N1-NS3-4A (lane 6), and mock control (lane 7) on IRF-3 dimerization (upper column a) and phosphorylation of serine residue at amino acid 386 in IRF-3 (lower column b), after infection with NDV for 18 h. F. Effects of the expressions of R6-C, R24-C, R24-C(Q12K), and R6-NS3 on IFN-β induction, 18 h after NDV inoculation. The IFN-β mRNA levels were assayed by RT-PCR. The results are expressed relative to the induction levels of IFN-β in HepG2 cells transfected with the vector alone (100%).

3.3. Effect of HCV on IRF-3 localization, nuclear translocation, and dimerization by NDV

The effect of HCV expression on cellular localization of IRF-3 was analyzed in *HCR6-Rz*-expressing cells infected with NDV before (Day 0) and after LC (Fig. 2A). Prior to NDV infection, IRF-3 was detected in the cytoplasm by immunofluorescence. Notably, after 18 h of NDV inoculation and prior to *HCR6-Rz* protein expression, when IFN-β induction and IRF-3 dimerization were maximal, a substantial amount of IRF-3 translocated to the nucleus.

However, this nuclear translocation was suppressed in the presence of HCV proteins (Fig. 2A) and resulted in the co-localization of the HCV core protein with IRF-3 at perinuclear sites (Fig. 2A, superimposed image of IRF-3 and core protein immunostaining).

To elucidate the mechanism underlying the suppression of IFN-β mRNA in *HCR6-Rz*- and *HCR6-Fse*-expressing cells, we examined the effect of HCV expression on IRF-3 dimerization after NDV infection (Fig. 2B). Interestingly, the levels of IRF-3 dimerization peaked at 12–18 h after NDV infection in the 3 cell lines lacking HCV expression (Day 0; Fig. 2). However, in the *HCR6-Rz*- and *HCR6-Fse*-expressing cell lines, IRF-3 dimerization was found to be significantly reduced, (Fig. 2B and C) when compared to that in the *HCR6-Age*-expressing cells (Fig. 2D).

3.4. Identification of the HCV genome region responsible for the inhibition of IRF-3 dimerization and IFN-β induction

To identify the HCV genome region responsible for suppression of IRF-3 dimerization, HepG2 cells were transfected to express the HCV core regions derived from HCR6, E1, or E2 (genotype 1b; Fig. 3A). Protein expression was confirmed by western blotting (data not shown). The HCV core protein suppressed IRF-3 dimerization, but E1 and E2 expressions had no effect on the dimerization (Fig. 3B). Expression of E1, E2, or the vector alone did not alter the levels of IFN-β mRNA induced by NDV infection in HepG2 cells (Fig. 3C), but significantly reduced IFN-β mRNA levels at both 12 and 18 h after infection (Fig. 3C).

3.5. Effect of HCV core protein expression on IRF-3 dimerization through TLR3

Among the synthetic dsRNAs, poly(I:C) is a potent inducer of IFN-β through TLR3. Accordingly, HepG2 cells transfected with poly(I:C) and the vector control (pEF1-vector) showed IRF-3 dimerization (Fig. 3D). In contrast, IRF-3 dimerization was suppressed in HepG2 cells expressing the HCV core protein albeit the induction of IFN-β mRNA following poly(I:C) expression (data not shown).

3.6. Effect of the HCV core protein NS3 and core proteins derived from genotype 2a on IRF-3 dimerization, compared to proteins derived from genotype 1b

Further, we investigated whether the HCV core protein NS3 and core proteins derived from other genotypes exerted the same effects on IRF-3 after 18 h of NDV infection. The core proteins derived from genotypes 1b (R6) and 2a (R24-12Q and R24-12K) suppressed IRF-3 dimerization in cells infected with NDV (Fig. 3E(a)). In contrast, IRF-3 dimerization remained unaltered in the presence of R6 clone NS3 protein, but was suppressed by the N clone NS3 protein. Thus, NS3-4A protein of R6 clone suppressed IRF-3 dimerization to a relatively lesser extent compared to that of the N1 strain. Similar results were obtained for the phosphorylation at Ser386 in IRF-3 (Fig. 3E(b)). The IFN-β mRNA transcription was quantified in HepG2 cells by RT-PCR after transfection with these expression vectors (Fig. 3F).

3.7. Identification of the HCV core region responsible for suppressing IRF-3 dimerization

We sought to identify the region of the HCV core protein responsible for suppressing IRF-3 dimerization. Expression vectors encoding the entire HCV core or the core region lacking 1 of the 3 basic amino acid regions (BR) that influenced nuclear translocation [17] were transfected into HepG2 cells, and the effects on IRF-3 dimerization were examined (Fig. 4A). Protein

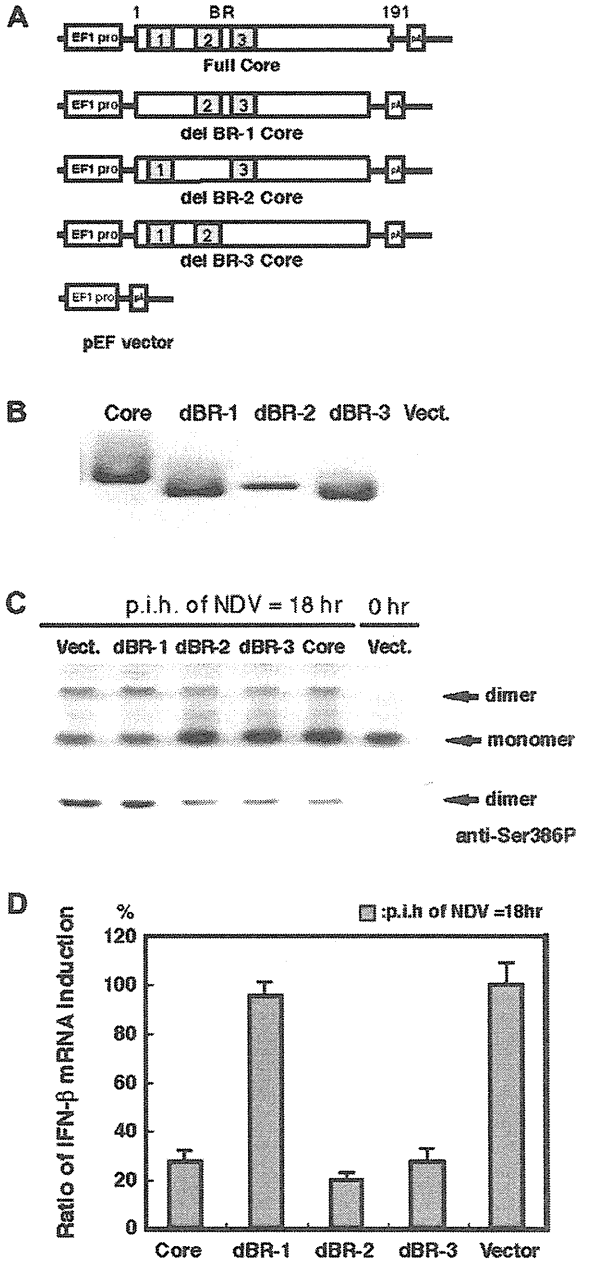

Fig. 4. (A) Structures of the HCR6 core, E1, and E2 expression vectors carrying the complete core, BR1 deletion (aa 4–14), BR2 deletion (aa 37–44), and BR3 deletion (aa 57–72). (B) Western blotting to confirmed the expression of the mutated core proteins. (C) Effects of the expression of various mutated core proteins on IRF-3 dimerization and IRF-3 phosphorylation at Ser386, 18 h after NDV inoculation. (D) Effects of the expression of each type of core protein region on IFN-β mRNA synthesis, 18 h after NDV inoculation. The results are expressed relative to the induction levels of IFN-β in HepG2 cells transfected with the vector alone (100%). IFN-β mRNA levels were assayed by RT-PCR.

expression of the core and the deletion mutants (BR1, BR2, and BR3) was confirmed by western blotting (Fig. 4B). IRF-3 dimerization, phosphorylation at Ser386 of IRF-3, and induction of IFN-β mRNA were suppressed in HepG2 cells expressing the entire core, a deletion of BR2, or a deletion of BR3 (Fig. 4C), but not in cells expressing the BR1-deleted HCV core regions (Fig. 4C and D).

4. Discussion

The present study indicates that the HCV core protein inhibits IRF-3 dimerization, IRF-3 phosphorylation at Ser386, and IFN-β induction. In addition, our study showed that the effect of the core protein derived from genotype 1b was similar to that of the core protein derived from genotype 2a, indicating that the inhibitory effect of the core protein might be effective in several genotypes of HCV. These findings are corroborated by a previous study by Foy et al. [12] who showed that HCV NS3/4 disrupts virus-associated-kinase-mediated IRF-3 activation, which further results in the suppression of IRF-3 phosphorylation, nuclear translocation, and IRF-3-dependent ISRE/PRDI activation. These findings indicate that attenuation of the IFN system was achieved through NS3/4A proteins via the interference of IRF-3 activation, thus strengthening our results, which show the potential of HCV core protein to interfere with IRF-3 activation in promoting persistent infection.

Furthermore, the present study showed that the N-terminal region of the core protein and BR-1 domain in particular are responsible for inactivating IRF-3. The N-terminal region (amino acids 1–59) of the HCV core protein has been identified as the binding region for a DEAD box protein (DDX3) [22]. Human DDX3, a putative RNA helicase, is a member of the highly conserved DEAD box subclass that includes the expression of murine PL10, *Xenopus* An3, and yeast Ded 1 proteins. Recently, expression of DDX3 was found to enhance IFN-β promoter induction by TBK1/IKKε, whereas silencing of DDX3 inhibited IFN-β promoter and virus- or dsRNA-induced IRF-3 activation [23]. It was shown that Vaccinia virus K7 protein also binds to DDX3 and inhibits pattern recognition receptor-induced IFN-β induction by preventing TBK1/IKKε-mediated IFN-β induction via impaired TBK1/IKKε-induced activation of IRF-3 [23]. A previous study by Oshiumi et al. showed that DDX3 C-terminal region (amino acids 622–662) directly binds to the IFN-beta promoter stimulator-1 (IPS-1) CARD-like domain [24] as well as the N-terminal HCV core protein [36]. The present study demonstrated that the expression of the core protein decreased the levels of DDX3 expression (data not shown). This is in agreement with the result of a previous study, which showed that DDX3 is downregulated in HCV-associated hepatocellular carcinoma (HCC) and silencing of DDX3 accelerates cell growth [25]. Collectively, these findings suggest that DDX3 may be the target of the core protein for inhibiting IRF-3 activation.

In conclusion, our study revealed a crucial region of the HCV core protein, basic amino acid region 1, to interfere with IRF-3 activation and thereby inhibit the IFN signaling cascades. Therefore, the inhibitory effects that result in the IRF-3 pathway impairment could be rescued by deleting the basic region 1 of core protein, thus suggesting that it might be an effective treatment for HCV infection. Future studies involving DDX3 modification by the HCV core protein may be interesting to explore the cell growth-dysregulation mechanisms.

Acknowledgments

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at http://dx.doi.org/10.1016/j.bbrc.2012.10.079.

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Immunization with a Recombinant Vaccinia Virus That Encodes Nonstructural Proteins of the Hepatitis C Virus Suppresses Viral Protein Levels in Mouse Liver

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Abstract

Chronic hepatitis C, which is caused by infection with the hepatitis C virus (HCV), is a global health problem. Using a mouse model of hepatitis C, we examined the therapeutic effects of a recombinant vaccinia virus (rVV) that encodes an HCV protein. We generated immunocompetent mice that each expressed multiple HCV proteins via a Cre/*loxP* switching system and established several distinct attenuated rVV strains. The HCV core protein was expressed consistently in the liver after polyinosinic acid–polycytidylic acid injection, and these mice showed chronic hepatitis C-related pathological findings (hepatocyte abnormalities, accumulation of glycogen, steatosis), liver fibrosis, and hepatocellular carcinoma. Immunization with one rVV strain (rVV-N25), which encoded nonstructural HCV proteins, suppressed serum inflammatory cytokine levels and alleviated the symptoms of pathological chronic hepatitis C within 7 days after injection. Furthermore, HCV protein levels in liver tissue also decreased in a CD4 and CD8 T-cell-dependent manner. Consistent with these results, we showed that rVV-N25 immunization induced a robust CD8 T-cell immune response that was specific to the HCV nonstructural protein 2. We also demonstrated that the onset of chronic hepatitis in CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice was mainly attributable to inflammatory cytokines, (tumor necrosis factor) TNF-α and (interleukin) IL-6. Thus, our generated mice model should be useful for further investigation of the immunological processes associated with persistent expression of HCV proteins because these mice had not developed immune tolerance to the HCV antigen. In addition, we propose that rVV-N25 could be developed as an effective therapeutic vaccine.

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Introduction

Hepatitis C virus (HCV) is a major public health problem; approximately 170 million people are infected with HCV worldwide [1]. HCV causes persistent infections that can lead to chronic liver diseases such as chronic hepatitis, liver cirrhosis, and hepatocellular carcinoma (HCC) [2]. Antiviral drugs are not highly effective in individuals with a chronic infection; furthermore, an effective vaccine against HVC has not been developed. A convenient animal model of HCV infection will greatly facilitate the development of an effective HCV vaccine.

Transgenic mice that express HCV proteins have been generated to study HCV expression [3,4]; however, in each of these cases, the relevant transgenes is expressed during embryonic development; therefore, the transgenic mice become immunotolerant to the transgenic products, and consequently, the adult mice are not useful for investigations of the pathogenesis of chronic hepatitis C. To address this problem, we developed a system that can drive conditional expression of an HCV transgene; our system involves the Cre/*loxP* system and a recombinant adenovirus capable of expressing Cre recombinase [5,6]. Concerns have been expressed that an adenovirus and transient expression of HCV proteins could induce immune responses [5] and, therefore, obscure any evidence of the effect of the host immune responses on chronic liver pathology. Therefore, here, we used a Cre/*loxP* switching system to generate an immunocompetent mouse model

of HCV protein expression; with this system, we could study the host immune responses against HCV proteins.

Folgori et al. (2006) reported effective vaccination of chimpanzees with an adenoviral vector and plasmid DNA encoding the HCV nonstructural region. This technique protected the liver tissues from acute hepatitis, which results when whole animals are challenged with virus [7]. However, this vaccine has not yet been shown to be effective against chronic HCV infection.

Here, we aimed to address how HCV expression causes chronic liver diseases and to provide new options for HCV vaccine development. Using LC16m8, a highly attenuated strain of vaccinia virus (VV), we generated three recombinant vaccinia viruses (rVVs) that each encoded one of three different HCV proteins and found that one recombinant virus (rVV-N25), which encoded nonstructural HCV proteins, resolved pathological chronic hepatitis C symptoms in the liver. We also found that immunization with rVV-N25 suppressed HCV core protein levels in the livers of transgenic mice; moreover, this suppression was mediated by CD4 and CD8 T cells, as has been previously reported [8].

Results

Generation of a Model of Persistent HCV Protein Expression

To produce adult mice that express an HCV transgene, we bred CN2-29 transgenic mice, which carry an HCV transgene, [5,6,9] with Mx1-Cre transgenic mice [10], which express Cre recombinase in response to interferon (IFN)-α or a chemical inducer of IFN-α, poly(I:C) (Figure 1A). Following poly(I:C) injection, the HCV transgene was rearranged, and HCV sequences were expressed in the livers of F1 progeny (CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice) within 7 days after poly(I:C) injection (Figure 1B).

To evaluate the characteristic features of these CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice, we analyzed serum alanine aminotransferase (ALT) and liver HCV core protein levels after poly(I:C) injection. As illustrated in Figure 1C, serum ALT levels increased and reached a peak at 24 h after the first poly(I:C) injection; this elevation appeared to be a direct result of the poly(I:C) treatment, which causes liver injury [11]. After this peak, serum ALT levels dropped continuously until day 4, and then ALT levels began to increase, as did HCV core protein levels. Thereafter, the HCV core protein was expressed consistently for at least 600 days.

Histological analysis showed HCV core protein expression in most hepatocytes of the transgenic mice; these mice showed evidence of lymphocytic infiltration that was caused by the HCV core proteins (Figure 1D and E). These observations, in addition to the modified histology activity index (HAI) scores, indicated that expression of HCV proteins caused chronic hepatitis in the CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice because a weak, though persistent, immune response followed an initial bout of acute hepatitis (Figure S1). Moreover, we observed a number of other pathological changes in these mice – including swelling of hepatocytes, abnormal architecture of liver-cell cords, abnormal accumulation of glycogen, steatosis, fibrosis, and HCC (Figures 1E and F, Table S1). Steatosis was mild in the younger mice (day 21) and became increasingly severe over time (days 120 and 180; Figure S2). Importantly, none of the pathological changes were observed in the CN2-29$^{(+/-)}$/MxCre$^{(-/-)}$ mice after poly(I:C) injection (Figure 1F).

Recombinant Vaccinia Virus Immunization in HCV Transgenic Mice

To determine whether activation of the host immune response caused the reduction with HCV protein levels in the livers of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice, we used a highly attenuated VV strain, LC16m8, to generate three rVVs [12]. Each rVV encoded a different HCV protein; rVV-CN2 encoded mainly structural proteins, rVV-N25 encoded nonstructural proteins, and rVV-CN5 encoded the entire HCV protein region (Figure 2A). Because rVVs can express a variety of proteins and induce strong and long-term immunity, they have been evaluated as potential prophylactic vaccines [13].

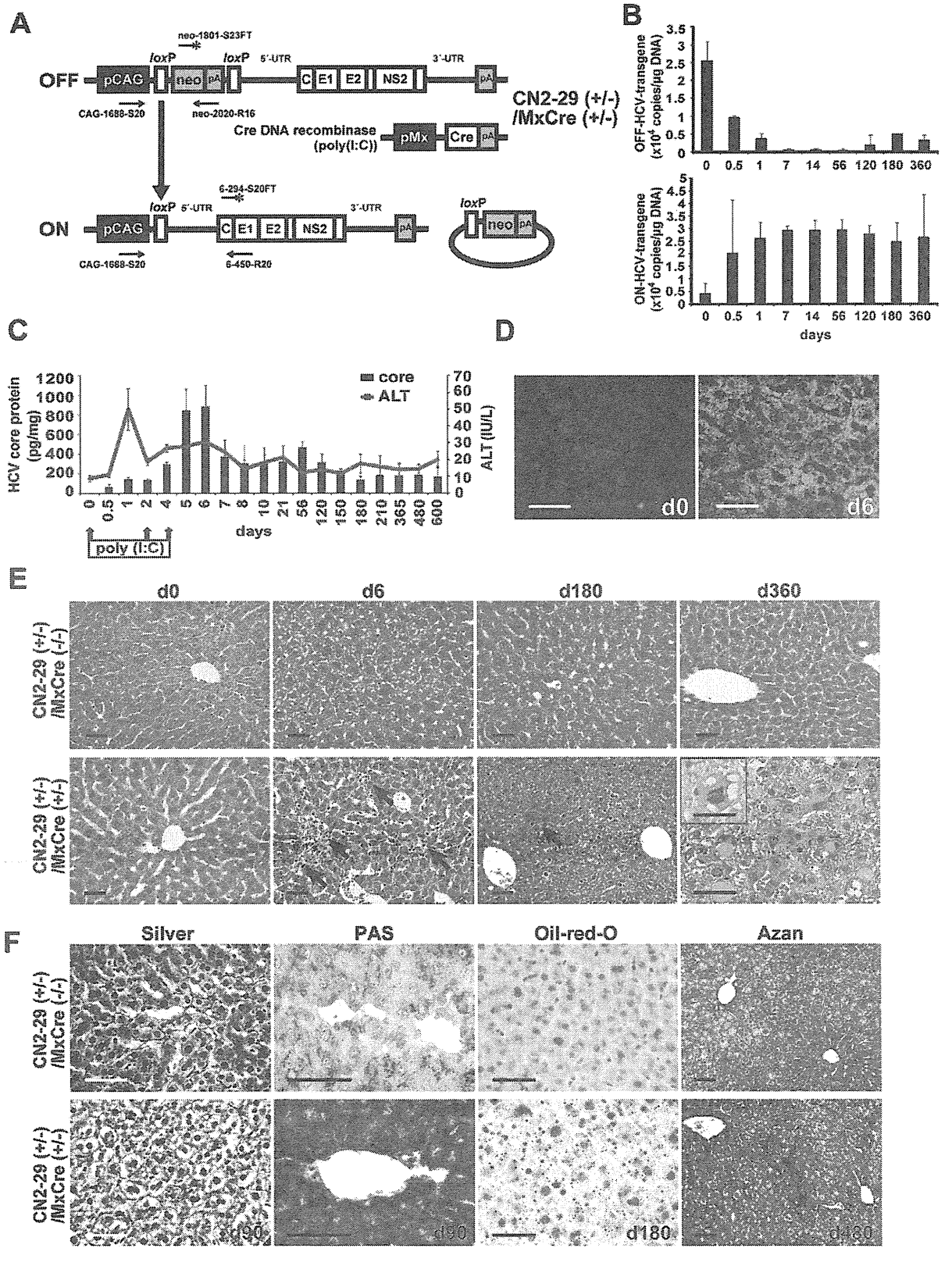
We used western blots to confirm that each HCV protein was expressed in cell lines. Each of seven proteins – the core, E1, E2, NS3-4A, NS4B, NS5A, and NS5B – was recognized and labeled by a separate cognate antibody directed (Figure S3). To induce effective immune responses against HCV proteins in transgenic mice, we injected an rVV-HCV (rVV-CN2, rVV-CN5, or rVV-N25) or LC16m8 (as the control) intradermally into CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 90 days after poly(I:C) injection (Figure 2B). Analysis of liver sections 7 days after immunization with rVV-N25 revealed dramatic improvement in a variety of pathological findings associated with chronic hepatitis – including piecemeal necrosis, hepatocyte swelling, abnormal architecture of liver-cell cords, abnormal accumulation of glycogen, and steatosis (Figures 2C–E). Collectively, these results demonstrated that only the rVV-N25 treatment resulted in histological changes indicative of improvement in the chronic hepatitis suffered by the transgenic mice.

To determine whether rVV-N25 treatment induced the same effect in other strains of HCV transgenic mice, we analyzed RzCN5-15$^{(+/-)}$/MxCre$^{(+/-)}$ mice, which express all HCV proteins; in these mice, chronic hepatitis was resolved within 28 days of immunization with rVV-N25. Taken together, these findings indicated that rVV-N25 had a dramatic therapeutic effect on both types of HCV transgenic mice (Figure S4).

Treatment with rVV-N25 Reduced the HCV Core Protein Levels in the Livers

To assess in detail the effects of rVV-HCV immunization on HCV protein clearance from the livers of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice, we monitored the levels of HCV core protein in liver samples via ELISA. We found that within 28 days after immunization the HCV core protein levels were significantly lower in livers of rVV-N25-treated mice than in those of control mice (Figure 3A). Immunohistochemical analysis indicated that, within 28 days after immunization, levels of HCV core protein were substantially lower in the livers of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice than in those of control mice (Figure 3B). Importantly, neither resolution of chronic hepatitis nor reduction in the HCV protein levels was observed in the mice treated with LC16m8, rVV-CN2, or rVV-CN5. These results indicated that HCV non-structural proteins might be important for effects of therapeutic vaccines. In contrast, rVV-CN5 which encoded HCV structural and non-structural proteins did not show any significant effects. These results indicated that HCV structural proteins might have inhibited the therapeutic effects of the non-structural proteins. Therefore, it may be important to exclude the HCV structural proteins (aa 1–541) as antigenic proteins when developing therapeutic vaccines against chronic hepatitis C.

In addition, we measured serum ALT levels in CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice from all four treatment groups 28 days after rVV-HCV immunization. Serum ALT levels were not significant-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CAG-1688-S20
neo-2020-R16
CN2-29 (+/-)
/MxCre (+/-)
Cre DNA recombinase
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0 0.5 1 2 4 5 6 7 8 10 21 56 120 150 180 210 365 480 600
days
poly (I:C)
D
d0
d6
E
d0
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d180
d360
CN2-29 (+/-)
/MxCre (-/-)
CN2-29 (+/-)
/MxCre (+/-)
F
Silver
PAS
Oil-red-O
Azan
d90
d180
d430

Figure 1. Pathogenesis in immunocompetent mice with persistent HCV expression. (**A**) Structure of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ and the Cre-mediated activation of the transgene unit. R6CN2 HCV cDNA was cloned downstream of the CAG promoter, neomycin-resistant gene (*neo*), and poly A (pA) signal flanked by two *loxP* sequences. This cDNA contains the core, E1, E2, and NS2 regions. (**B**) Cre-mediated genomic DNA recombination. After poly(I:C) injection, genomic DNA was extracted from liver tissues and analyzed by quantitative RTD-PCR for Cre-mediated transgenic recombination. The transgene was almost fully recombined in transgenic mouse livers 7 days after the injection. In all cases, n = 3 mice per group. (**C**) HCV core protein expression was sustained for at least 600 days after poly(I:C) injection. (**D**) Immunohistochemical analysis revealed that most hepatocytes expressed the HCV core protein within 6 days after injection. (**E**) Liver sections from CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice after the poly(I:C) injection. Infiltrating lymphocytes (arrows) were observed on days 6 and 180; Hepatocellular carcinoma (HCC) was observed on day 360. In contrast, these pathological changes were not observed in CN2-29$^{(+/-)}$/MxCre$^{(-/-)}$ mice after the injection. The inset image shows abnormal mitosis in a tumor cell. (**F**) Hepatocyte swelling and abnormal architecture of liver-cell cords (silver staining), as well as abnormal glycogen accumulation (PAS staining) were observed on day 90 in CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice. We observed steatosis (oil-red-O staining) on day 180 and, subsequently, fibrosis (Azan staining) on day 480. The scale bars indicate 50 μm.
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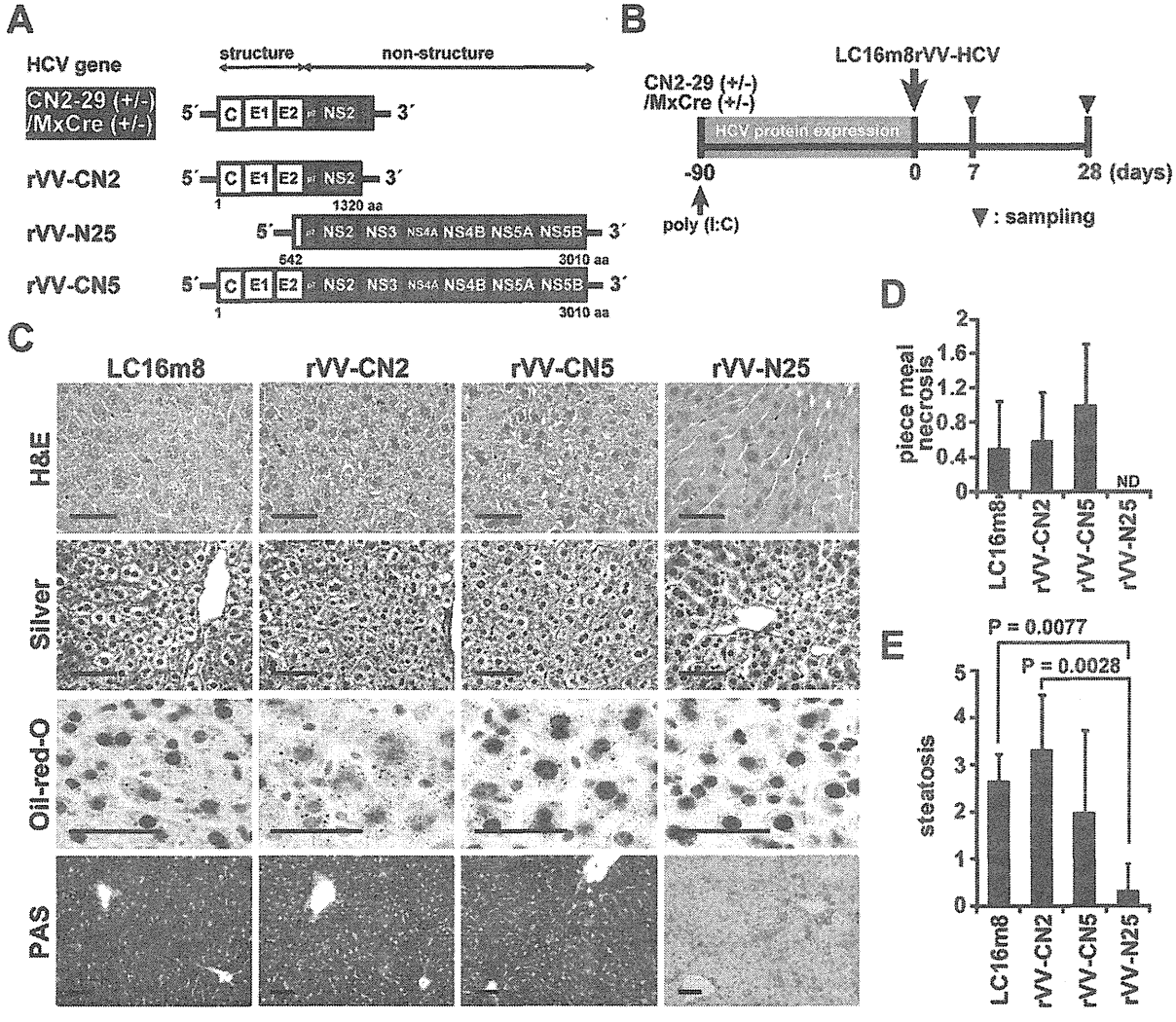

Figure 2. Effects of rVV-HCV treatment on the CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice. (**A**) HCV gene structure in the CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice and recombinant vaccinia viruses (rVV-HCV). MxCre/CN2-29 cDNA contains the core, E1, E2, and NS2 regions. The rVV-CN2 cDNA contains the core, E1, E2, and NS2 regions. The rVV-N25 cDNA contains the NS2, NS3, NS4A, NS4B, NS5A, and NS5B regions. The rVV-CN5 cDNA contains the entire HCV region. (**B**) Four groups of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice were inoculated intradermally with rVV-CN2, rVV-N25, rVV-CN5, or LC16m8 90 days after the poly(I:C) injection. Blood, liver, and spleen tissue samples were collected 7 and 28 days after the inoculation. (**C**) Liver sections from the four groups of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 7 days after the inoculation. The sections were stained with H&E, silver, oil-red-O, or PAS. The scale bars indicate 50 μm. (**D**) Histological evaluation of piecemeal necrosis in the four groups of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 7 days after inoculation. (**E**) Histological evaluation of steatosis in the four groups of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 7 days after inoculation. Significant relationships are indicated by a P-value.
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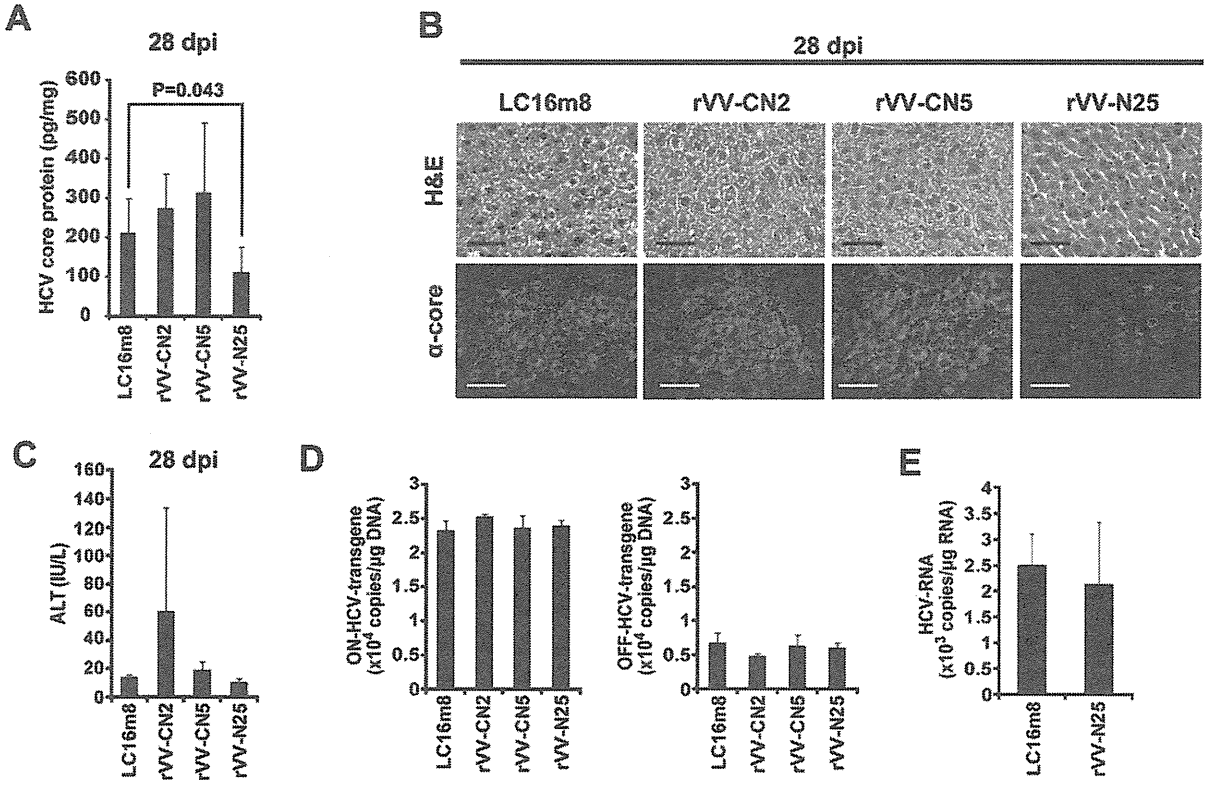

Figure 3. Effects of HCV core protein expression on the livers of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice inoculated with rVV-HCV. (**A**) Expression of the HCV core protein in the four treatment groups of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 28 days after the inoculation. Significant relationships are indicated by a P-value. (**B**) H&E staining and immunohistochemical analysis for HCV core protein in the LC16m8-, rVV-CN2-, rVV-CN5-, or rVV-N25-treated CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 28 days after the inoculation. Liver sections were stained with the anti-core monoclonal antibody. The scale bars indicate 50 μm. (**C**) Effects of HCV core protein expression on serum ALT levels in the four treatment groups of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 28 days after immunization. (**D**) Cre-mediated genomic DNA recombination in the four treatment groups 28 days after immunization. (**E**) Expression of HCV mRNA in the LC16m8- or rVV-N25-treated CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 28 days after immunization. In all cases, n = 6 mice per group.
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ly different in the rVV-N25-treated mice and control mice (Figure 3C); this finding indicated that rVV-N25 treatment did not cause liver injury and that the antiviral effect was independent of hepatocyte destruction.

We hypothesized that the reduction in the levels of HCV core protein in rVV-HCV-treated mice was not caused by cytolytic elimination of hepatocytes that expressed HCV proteins. To investigate this hypothesis, we conducted an RTD-PCR analysis of genomic DNA from liver samples of CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice. The recombined transgene was similar in rVV-N25-treated and control mice 28 days after immunization (Figure 3D). We also measured the expression of HCV mRNA in LC16m8-treated CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice with that in rVV-N25-treated CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice 28 days after immunization; the HCV mRNA levels did not differ between rVV-N25-treated CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ and control mice (Figure 3E). These results indicated that rVV-N25-induced suppression of HCV core protein expression could be controlled at a posttranscriptional level.

Role of CD4 and CD8 T cells in rVV-N25-treated Mice

Viral clearance is usually associated with CD4 and CD8 T-cell activity that is regulated by cytolytic or noncytolytic antiviral mechanism [14]. To determine whether CD4 or CD8 T-cell activity was required for the reduction in HCV core protein levels in the livers of transgenic mice, we analyzed the core protein levels in CN2-29$^{(+/-)}$/MxCre$^{(+/-)}$ mice immunized with rVV-N25 in the absence of CD4 or CD8 T cells (Figure 4A). As expected, the mice lacking CD4 or CD8 T cells failed to show a reduction in HCV core protein levels (Figure 4B).

However, in mice lacking either CD4 or CD8 T-cells, the pathological changes associated with chronic hepatitis were resolved following rVV-N25 immunization, and the steatosis score of rVV-N25-treated mice was significantly lower than that of control mice (Figures 4C–E). These results indicated that CD4 and CD8 T cells were not responsible for the rVV-N25-induced amelioration of histological findings and that other inflammatory cell types may play an as-yet-unidentified role in the resolution of the pathological changes in these mice.

rVV-N25 Immunization Induced an NS2-specific Activated CD8 T cells Response

Because we found that HCV protein reduction in the liver required CD8 T cells, we tested whether HCV-specific CD8 T cells were present in splenocytes 28 days after immunization. To determine the functional reactivity of HCV-specific CD8$^+$ T cells, we performed a CD107a mobilization assay and intracellular IFN-γ staining. CN2-29 transgenic mice expressed the HCV structural protein and the NS2 region. However, rVV-N25 comprised only