

Table 3 Details of patients with HBsAg

Case	No. of treatments	Follow-up period (months)	Sex	Age, years	Type of cancer or basic disease	First agent at the center	HBsAg	Anti-HBs	HBeAg	Anti-HBe	Anti-HBc	HBV DNA, log copies/ml	Anti-HCV	Corticosteroid use	Antiviral prior to chemotherapy of biologics	Hepatitis	Reactivation
1	8	2	M	56	Malignant lymphoma	Rituximab	+	-	†	+	+	4.3	-	Present	Lamivudine	None	None
2	20	11	F	47	Breast cancer	Paclitaxel	+	-	-	+	†	3.3	-	Present	Entecavir	None	None
3	10	32	F	44	Leukemia	Rituximab	+	-	-	+	+	3.3	-	Present	Entecavir	None	None
4	4	31	M	66	Malignant lymphoma	Rituximab	+	-	+	†	†	Negative	-	Present	Entecavir	None	None
5	11	28	F	62	Breast cancer	Paclitaxel	+	-	-	+	+	Negative	-	Present	Entecavir	None	None
6	23	26	F	79	Breast cancer	Navelbine	+	-	†	+	+	2.1	-	Present	Entecavir	Present	None
7	21	25	F	66	Breast cancer	Docetaxel	+	-	-	+	+	2.3	-	Present	Entecavir	None	None
8	14	22	F	43	Breast cancer	FEC	+	-	†	+	†	<2.1	-	Present	Entecavir	None	None
9	9	16	F	60	Breast cancer	Paclitaxel	+	-	†	+	+	3.5	-	Present	Entecavir	None	None
10	19	15	M	71	Bile duct cancer	Gemcitabine	+	-	†	+	†	2.1	-	Present	Lamivudine	None	None
11	6	33	F	60	Malignant lymphoma	Rituximab	+	-	-	+	†	3	-	Present	Lamivudine + adefovir	None	None
12	8	60	F	73	Malignant lymphoma	VDS + MTX	+	-	†	†	†	Negative	-	Present	Entecavir	None	None
13	5	44	F	35	Malignant lymphoma	CHOP	+	-	†	†	†	Negative	-	Present	Entecavir	None	None
14	4	33	F	69	Macroglobulinemia	Rituximab	+	-	-	+	+	Negative	-	Present	Entecavir	None	None†
15	6	2	M	60	Bile duct sarcoma	CDDP + gemcitabine	+	-	-	-	-	Negative	-	Present	Entecavir	None	None
16	6	102	M	65	Esophageal cancer	Paclitaxel	+	-	†	†	†	†	-	Present	None	Present	None
17	210	19	M	61	RCC	IL-2	+	-	-	†	†	†	-	Present	None	None	None
18	8	4	F	56	Breast cancer	FEC	+	†	†	†	†	†	-	Present	None	None	None
19	18	15	F	52	Colon Cancer	FOLFIRI	+	†	-	†	†	†	-	Present	None	None	None
20	12	85	F	51	Breast cancer	Paclitaxel	+	-	†	†	†	Negative	-	Present	None	None	None
21	16	7	M	49	Gastric cancer	Paclitaxel	+	†	†	†	†	†	-	Present	None	None	None
22	14	5	F	51	Breast cancer	Paclitaxel	+	†	†	†	†	†	-	Present	None	None	None
23	14	69	F	74	Bile duct cancer	Gemcitabine	+	†	†	†	†	†	-	Present	None	None	None
24	3	61	F	64	Lung cancer	Paclitaxel	+	†	†	†	†	†	-	Present	None	None	None
25	5	66	F	59	Breast cancer	FEC	+	-	-	+	+	Negative	-	Present	None	None	None
26	8	4	M	68	Gastric cancer	Paclitaxel	+	-	-	+	+	Negative	-	Present	None	None	None
27	20	11	F	36	Pancreatic NET	Dacarbazine	+	-	†	+	+	4.4	-	Present	None	None	None
28	3	4	M	55	Gastric cancer	Paclitaxel	+	-	†	+	†	3.2	-	Present	None	None	None
29	18	52	M	58	Colon cancer	5-FU + LV	+	-	-	+	†	†	-	Present	None	None	None
30	14	53	F	59	Breast cancer	Paclitaxel	+	†	†	†	†	†	-	Present	None	None	None
31	25	9	F	52	Breast cancer	Paclitaxel	+	-	-	†	†	†	-	Present	None	None	None
32	198	53	F	44	Breast cancer	Paclitaxel/herceptin	+	-	-	+	†	3.9	-	Present	None	None	None
33	70	20	F	59	Breast cancer	5-FU + MTX	+	-	-	+	†	†	-	Present	None	None	None
34	11	13	F	72	Gastric cancer	Paclitaxel	+	-	†	+	†	†	-	Present	None	None	None
35	23	48	F	46	Breast cancer	FEC	+	-	†	†	†	†	-	Present	None	Present	Present
36	22	47	M	60	Rheumatoid arthritis	Infliximab	+	-	†	†	†	<2.1	-	Present	None	None	None
37	4	45	F	68	Breast cancer	FEC	+	†	†	†	†	†	-	Present	None	None	None
38	11	8	M	47	Bile duct cancer	Gemcitabine	+	+	-	+	†	7.2	-	Present	None	None	None
39	4	39	F	58	Breast cancer	Paclitaxel	+	-	†	+	†	Negative	-	Present	None	None	None
40	14	16	M	70	Bile duct cancer	Gemcitabine/CDDP	+	-	†	†	†	†	+	Present	None	None	None
41	7	21	M	52	Lung cancer (NSCLC)	Pemetrexed/CDGBD	+	-	†	†	†	†	-	Present	None	None	None
42	2	4	M	65	Esophageal cancer	Docetaxel	+	-	-	+	†	Negative	-	Present	None	None	None
43	3	17	M	64	HCC	5-FU	+	-	-	+	†	†	+	Present	None	None	None
44	12	15	F	64	Breast cancer	Herceptin	+	†	†	†	†	†	-	Present	None	None	None
45	B	8	F	71	Breast cancer	Docetaxel	+	†	†	†	†	†	-	Present	None	None	None
46	14	12	F	69	Breast cancer	Abiraxane	+	†	†	†	†	†	-	Present	None	None	None

†Untested.

‡Case 14: past history of HBV reactivation.

Corticosteroid use: as chemotherapeutic regimens (including use for anti-emetics).

HBV DNA: before prophylactic antiviral or start at chemotherapy.

5-FU, 5-fluorouracil; CDDP, cisplatin; CBDCA, carboplatin; CHOP, cyclophosphamide/adriamycin/vindesine/predonine; FEC, 5-FU/epirubicin/cyclophosphamide; FOLFIRI, 5-FU/levofolinate/irinotecan; HBe, hepatitis B core; HBeAg, hepatitis B e-antigen; HBs, hepatitis B surface; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCC, hepatocellular carcinoma; HCV, hepatitis C virus; IL-2, interleukin-2; LV, levofolinate; MTX, methotrexate; NET, neuroendocrine tumor; NSCLC, non-small cell lung cancer; RCC, renal cell carcinoma; VDS, vindesine.

Table 4 Patients' hepatitis viral marker

Viral marker status	Patients with HBsAg (n = 46)	Patients with anti-HCV (n = 90)
HBsAg		
Positive/negative/untested (%)	46/0/0 (100/0/0)	2/86/2 (2/96/2)
Anti-HBs		
Positive/negative/untested (%)	1/34/11 (2/74/24)	8/16/66 (9/18/76)
Anti-HBc		
Positive/negative/untested (%)	13/1/32 (28/2/70)	8/11/71 (9/12/79)
HBeAg		
Positive/negative/untested (%)	1/18/27 (2/39/59)	0/23/67* (0/26/74)
Anti-HBe		
Positive/negative/untested (%)	23/1/22 (50/2/48)	4/3/83* (4/3/93)
HBV DNA		
<2.1/≤2.1 log copies/mL /untested (%)	12/13/21 (26/28/46)	1/1/88* (1/1/98)
Anti-HCV		
Positive/negative/untested (%)	2/40/4 (4/87/9)	90/0/0 (100/0/0)
HCV RNA		
Positive/negative/untested (%)	0/0/46 (0/0/100)	21/6/63* (23/7/70)

* $P < 0.001$. Frequency of antibody testing between patients with HBsAg vs anti-HCV.

HBc, hepatitis B core; HBeAg, hepatitis B e-antigen; HBs, hepatitis B surface; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus.

tested for HBV DNA and two of those tested positive. Seven patients had hepato-biliary-pancreatic cancer, and two of these had already received antiviral drugs before being treated for cancer (cases 10 and 15; Table 3). The other five, however, were not treated with prophylactic antiviral drugs, even though two of these were tested for

HBV DNA and both were positive (cases 27 and 38; Table 3).

Seven patients positive for HBsAg had hematologic malignancies, and all were treated with antiviral drugs. Three of them were started on antiviral drugs as prophylaxis against HBV reactivation before treatment, but four patients had already received antiviral drugs before treatment for hematologic malignancies (cases 11–14; Table 3). One patient had a past history of HBV reactivation before this chemotherapy (case 14; Table 3).

Hepatitis and HBV reactivation (Tables 3 and 5)

There were three patients with HBsAg who had hepatitis during and after chemotherapy (cases 6 [ALT, 188 U/L], 16 [ALT, 205 U/L] and 35 [ALT, 487 U/L]; Table 3 [6.5%]), two of whom (cases 16 and 35 [4.6%]) showed more than fivefold increases in serum ALT of the upper limit of normal. None of them met the diagnostic criteria for acute liver failure in Japan.⁹ Two of them (cases 6 and 16) were clinically judged to be caused by drugs or alcohol from history taking and laboratory data, one of whom did not show an increase of serum HBV DNA. Only one breast cancer patient (a 47-year-old woman) without prophylactic antiviral treatment (1/31 [3.2%]), however, developed hepatitis and was clinically diagnosed with hepatitis due to HBV reactivation (case 35; Tables 3 and 5), although the definition of HBV reactivation was not strictly applied because her HBV DNA level was not tested before visiting our outpatient clinic. She underwent surgery for breast cancer, including a sentinel lymph node biopsy, on April 2008, and then received adjuvant chemotherapy for breast cancer on May 2008. Serological examination indicated that she was positive for HBsAg, but negative for HBeAg, and anti-HBs, anti-HBc, anti-HBe and HBV-DNA were not tested before chemotherapy. Her chemotherapeutic regimen comprised FEC (5-fluorouracil, 500 mg/m²; epirubicin, 100 mg/m²; cyclophosphamide,

Table 5 Viral reactivation

	Patients with HBsAg (n = 46)	Patients with anti-HCV (n = 90)
With prophylactic antiviral	15	0
Without prophylactic antiviral	31	90
Development of hepatitis related to viral reactivation	1† (without antiviral)	0

†Case 35.

HBsAg, hepatitis B surface antigen; HCV, hepatitis C virus.

500 mg/m²) with administration of corticosteroids. She received six cycles of FEC every 3 weeks on schedule. On day 40 after she finished the last cycle, she was aware of general fatigue and jaundice. On day 46, she was admitted to the hospital with hepatitis B. Blood tests on admission showed: AST, 508 U/L; ALT, 487 U/L; total bilirubin, 8.5 mg/dL; direct bilirubin, 6.7 mg/dL; prothrombin time, 79% (International Normalized Ratio, 1.10), NH₃ 122 µg/dL; and HBV DNA, 5.3 log/copies. She received glycyrrhizinic acid by i.v. injection and then entecavir (0.5 mg/day). A liver biopsy was performed on day 11 after admission and pathologically proven viral hepatitis; her Histological Activity Index (HAI) score was 10 (interface hepatitis, 3; intralobular degeneration, 3; portal inflammation, 1; fibrosis, 3). Her liver function gradually improved and she was discharged from the hospital on day 18 after admission. The liver function tests returned to normal within 6 weeks and HBV DNA was negative 8 weeks after admission.

DISCUSSION

HEPATITIS B VIRUS reactivation is now a well-recognized complication associated with the use of immunosuppressive chemotherapy in HBV carriers. HBV reactivation depends on both the intensity of the immunosuppressive agents and factors related to HBV or a host's immune balance. Therefore, the clinical consequences vary from asymptomatic elevation of hepatic enzymes to severe hepatitis and death from fulminant hepatitis. The prevalence of HBV reactivation ranges widely and is reported to occur in 20–78% of infected patients who undergo systemic chemotherapy for non-hepatic malignancies.^{10,11} Initiation of antiviral prophylaxis prior to chemotherapy and its continuation until restitution of normal host immunity is important to prevent hepatitis B reactivation.¹²

Hepatitis B virus reactivation can occur by different mechanisms. First, glucocorticoids directly stimulate HBV gene expression *in vitro*¹³ because the HBV genome has a specific glucocorticoid response element.¹⁴ Second, steroid, cytotoxic or immunosuppressive agents induced the breakdown of the host's immune balance, leading to HBV replication and sometimes severe hepatitis.

In fact, HBV reactivation may occur during or after completion of the full course of chemotherapy. Several anticancer immunosuppressive agents have been associated with HBV reactivation. Corticosteroids and anthracyclines are most frequently associated with HBV

reactivation.^{15–17} Anthracycline has been demonstrated *in vitro* to stimulate HBV DNA secretion from HepG2-derived 2.2.15 cells in a dose-dependent manner.¹⁸ Until recently, most of the cases with HBV reactivation were reported in patients with hematological malignancies, particularly lymphoma. HBV reactivation, however, is increasingly observed in patients with solid tumors, particularly breast cancer. Kim *et al.*^{19,20} and Yeo *et al.*¹⁹ reported that patients with HBsAg and breast cancer during adjuvant anthracycline-based chemotherapy developed acute hepatitis related to HBV reactivation (20.7% and 24%, respectively). A previous multivariate analysis indicated that a diagnosis of lymphoma or breast cancer was significantly related to HBV reactivation.¹⁵

The most important precaution to prevent HBV reactivation is the oncologist's knowledge of HBV reactivation. In Japan, a recommendation for the prevention of HBV reactivation was published in January 2009⁸ and revised in 2011. The guideline is intended to identify patients with the possibility of developing HBV reactivation. The guideline recommends that all patients scheduled for chemotherapy or other immunosuppressive therapy be screened for HBsAg and tested further for anti-HBc and anti-HBs, even if negative for HBsAg. The present study demonstrates a consensus for oncologists in our institute to test for HBV or HCV in the serum of patients scheduled for chemotherapy. In fact, around 95% patients were tested for HBsAg or anti-HCV, even before this recommendation, but HBV DNA was only tested in 52% patients positive for HBsAg. This finding suggests that little attention is paid to HBV reactivation.

It is reported that 20% of oncologists in the USA do not check HBV serology, and 30% of oncologists test for HBV serology only when liver tests are abnormal.²¹ These findings are consistent with another study of HBV reactivation among oncologists in Canada. Some chemotherapeutic agents such as anthracyclines are well known to induce cardiotoxicity. Lee *et al.*²² reported that all patients scheduled for cardiotoxic chemotherapy underwent left ventricular function testing (100%), but only 14% of them were tested for HBsAg. Based on these reports, HBV reactivation is not commonly tested for by oncologists throughout the world, even though the percentage of HBV carriers was less in the USA and Canada compared to that in Japan.

In our retrospective study, HBV reactivation was relatively less frequent than in previous reports. The HBV reactivation might be less frequent in outpatient clinic patients than previously speculated. We speculated that

some bias might cause relatively less frequent HBV reactivation in this study due to its nature as a retrospective study. First, as many as 46% of patients with HBsAg were not examined for HBV DNA before treatment and then some patients were not regularly monitored for HBV DNA. Although the Japanese guideline recommended measuring serum HBV DNA monthly for at least 12 months after the discontinuation of chemotherapy,⁸ there was a lack of data after the discontinuation of chemotherapy in some cases because of changing hospitals for palliative therapy. These may affect relatively less frequent HBV reactivation. This finding is, however, reasonable considering that oncologists have not been sufficiently aware of HBV reactivation until recently.

In conclusion, none of the patients with HBsAg who were treated with antiviral therapy developed hepatitis. HBV reactivation occurred in HBsAg positive outpatients without prophylactic antiviral treatment, but the incidence was relatively low in selected patients with non-hematological malignancies. Educational intervention is needed to prevent reactivation of HBV, and screening for HBV viral markers should be performed before starting chemotherapy.

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Kaposi's sarcoma-associated herpesvirus genome replication, partitioning, and maintenance in latency

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Kaposi's sarcoma-associated herpesvirus (KSHV) is thought to be an oncogenic member of the γ -herpesvirus subfamily. The virus usually establishes latency upon infection as a default infection pattern. The viral genome replicates according to the host cell cycle by recruiting the host cellular replication machinery. Among the latently expressing viral factors, LANA plays pivotal roles in viral genome replication, partitioning, and maintenance. LANA binds with two LANA-binding sites (LBS1/2) within a terminal repeat (TR) sequence and is indispensable for viral genome replication in latency. The nuclear matrix region seems to be important as a replication site, since LANA as well as cellular replication factors accumulate there and recruit the viral replication origin in latency (ori-P) by its binding activity to LBS. KSHV ori-P consists of LBS followed by a 32-bp GC-rich segment (32GC). Although it has been reported that LANA recruits cellular pre-replication complexes (pre-RC) such as origin recognition complexes (ORCs) to the ori-P through its interaction with ORCs, this mechanism does not account completely for the requirement of the 32GC. On the other hand, there are few reports about the partitioning and maintenance of the viral genome. LANA interacts with many kinds of chromosomal proteins, including Brd2/RING3, core histones, such as H2A/H2B and histone H1, and so on. The detailed molecular mechanisms by which LANA enables KSHV genome partitioning and maintenance still remain obscure. By integrating the findings reported thus far on KSHV genome replication, partitioning, and maintenance in latency, we will summarize what we know now, discuss what questions remain to be answered, and determine what needs to be done next to understand the mechanisms underlying viral replication, partitioning, and maintenance strategy.

Keywords: Kaposi's sarcoma-associated herpesvirus, human herpesvirus 8, latency-associated nuclear antigen, ori-P, DNA replication, genome maintenance, pre-replication complex, nuclear matrix

INTRODUCTION

Kaposi's sarcoma (KS)-associated herpesvirus (KSHV) is a gamma-2 herpesvirus discovered from KS specimens in 1994 (Chang et al., 1994). KSHV is closely associated with KS and several non-Hodgkin lymphomas, including primary effusion lymphoma (PEL) and multicentric Castleman's disease (MCD; Cesarman et al., 1995, 1996; Soulier et al., 1995). While KS is the most common cancer in acquired immune deficiency syndrome patients (Potthoff et al., 2010), KSHV is detected in about 95% of all types of KS lesions by PCR analysis (Dupin et al., 1995; Huang et al., 1995; Moore and Chang, 1995). PEL is a rare B cell lymphoma originated from preterminal B cells, and PEL in AIDS patients is often associated with KSHV as well as EBV. Several KSHV-infected PEL cell lines have been established, and EBV is frequently lost in the course of establishment (Arvanitakis et al., 1996; Gaidano et al., 1996; Renne et al., 1996; Said et al., 1996; Carbone et al., 1997, 1998; Katano et al., 1999). MCD is a plasmacytic lymphadenopathy with polyclonal hyper-immunoglobulinemia and high levels of serum IL-6 (Frizzera et al., 1983; Yoshizaki et al., 1989).

Like all herpesviruses, KSHV has two life cycles: latent and lytic replication phases (for review, see Boshoff and Chang, 2001). Whereas KSHV is usually in latency when it infects KS and PEL cells, in MCD some cells express lytic genes (Katano et al., 2000;

Parravicini et al., 2000). On the other hand, it has been reported that KSHV infection itself and/or viral lytic proteins promote cell proliferation and angiogenesis as well as lymphatic reprogramming (Ciufo et al., 2001; Gao et al., 2003; Carroll et al., 2004; Hong et al., 2004; Naranatt et al., 2004; Pan et al., 2004; Wang et al., 2004; Sharma-Walia et al., 2006; Qian et al., 2007, 2008; Sadagopan et al., 2007; Ye et al., 2007).

In latency, the KSHV genome is present as an episome, which is capable of autonomously replicating during S phase of the host cell cycle without integration into host chromosomes, and only limited genes are expressed during latency. Therefore, there is no generation of progeny virions. It is very important to elucidate and learn the virus's survival strategy in order to control infection and to formulate treatment for KSHV-related diseases.

In this review, we would like to focus on studies on the mechanisms underlying viral DNA replication, genome segregation and maintenance, and gene expression regulation in latency, and to discuss these topics in the light of studies on cellular mechanisms.

GENE EXPRESSION CONTROL IN KSHV LATENCY

The KSHV genome is a double-stranded linear DNA in the virion. It is circularized upon infection and is maintained as an episome in the infected nucleus. The complete genome is about 160–170 kbp,

including a 40~50 times repeated sequence called a terminal repeat (TR), which is 801 bp as a unit, at each end of the genome (Figure 1). The viral genome encodes approximately 90 ORFs in the unique region (for reviews, see Moore and Chang, 2001; Dourmishev et al., 2003). In latency, the viral genome is maintained in a cell cycle-dependent manner, and extremely limited viral genes, such as latent gene clusters, are expressed. Although the establishment of latent infection could be this virus's default infection mode, it is not good for the virus to continue latent infection for a long time, since it will vanish from the earth without progeny virus production. Thus, latency is a state in which the virus waits for an opportunity for the explosive production of progeny virions. Nevertheless, it is very interesting how KSHV establishes latency and is maintained in infected host cells without losing the genomes.

As mentioned above, the limited region within the KSHV genome is transcriptionally active in latency, and this region contains only several genes, including the latency-associated nuclear antigen (Wang and Frappier, 2009), viral cyclin (*v-CYC*), viral FLICE-inhibitory protein (*v-FLIP*), *kaposin*, 17 microRNAs (miRNAs), and viral interferon regulatory factor 3 (*v-IRF-3*; Chang et al., 1996; Thome et al., 1997; Muralidhar et al., 1998; Lubyova and Pitha, 2000; Gomez-Roman et al., 2001; Rivas et al., 2001; Staudt and Dittmer, 2003; Cai et al., 2005; Pearce et al., 2005; Pfeffer et al., 2005; Samols et al., 2005). Such genes, except for *v-IRF-3*, are in that limited region, and *LANA*, *v-CYC*, and *v-FLIP* are in one of the unit's genes. This region forms an active locus for expression including miRNAs and *kaposin*. It is unclear why this region is active for the expression of genes and is insulated from inactive lytic genes, such as ORF69 and K14 just downstream and upstream, respectively.

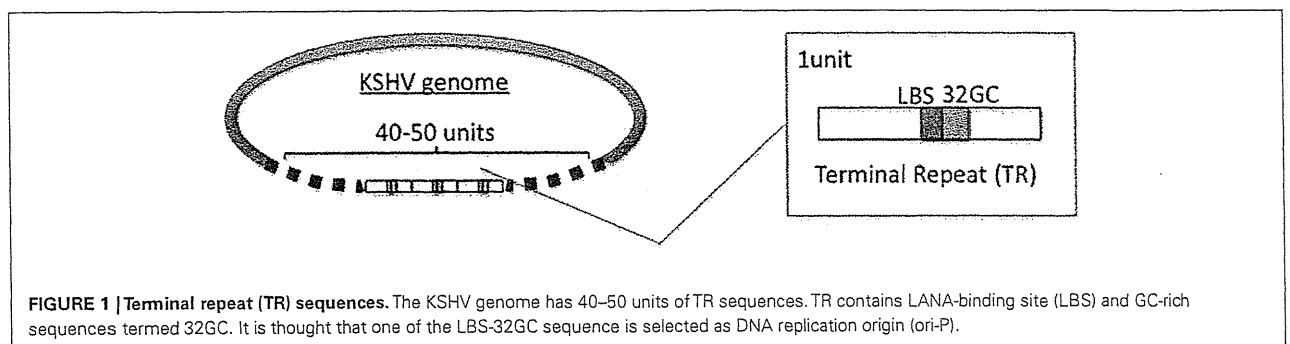
Recently, it was reported that CTCF, which is the only insulator protein found in vertebrates, coupled with SMC3, endows this gene insulation. More interestingly, the binding sites are in the genes, i.e., downstream from the *LANA* transcription start sites, not at the boundary regions (Stedman et al., 2008; Kang and Lieberman, 2009). Transcriptional analysis using the KSHV-BAC system demonstrated that mutations of CTCF binding sites abolished latency-regulated transcription such as K14 and ORF74 during latency (Kang and Lieberman, 2009). CTCF usually binds at the boundary regions between active and inactive loci in mammalian genomes, forming locus control regions (LCRs; Tanimoto et al., 2003). A typical example is an LCR seen in the beta-globin locus. CTCF binds to several DNase I hypersensitivity sites (HS), called HS4 and HS5, and forms boundaries to insulate this locus from

the outside locus (Tanimoto et al., 2003; Hou et al., 2008). Thus, latent gene expression in KSHV-infected cells might be regulated differently from the mechanism observed in the beta-globin locus.

Inversely, it is interesting how the viral lytic genes are tightly inactivated in latency. Epigenetic regulation seems to be essential for inactivation as well as activation of latent genes. *LANA* recruits heterochromatin components to the TR by the interaction between *LANA* and SUV39H1, which is a key factor that methylates histone H3, which in turn recruits heterochromatin protein 1 (HP1; Sakakibara et al., 2004). Because this mechanism contributes to the propagation and maintenance of heterochromatin, it appears that heterochromatin could spread over the KSHV genome during latency. The propagation of heterochromatin into the active latent gene zone might be blocked by the boundary effect and by the enhancer-blocking activity of an insulator, CTCF which has multiple functions such as gene activation or inactivation, X-chromosome inactivation, and gene imprinting (for review, see Zlatanova and Caijafa, 2009).

Thus, it is thought that not the overall lytic genes region, except for the latent gene clusters, forms heterochromatin during latency, because recent genome-wide analysis using ChIP-on-chip showed that not only latent gene clusters but also several regions of lytic genes are enriched in activating histone marks (acetylated H3 and H3K4me3). However, H3K27me3, which is a bivalent histone marker, is widely distributed through the KSHV genome (Toth et al., 2010), meaning that the genome is poised for reactivation. Furthermore, the treatment of specific histone demethylases of H3K27me3 such as JMJD3 and UTX could induce the lytic reactivation. Immunoprecipitation of methylated DNA assay showed that the KSHV genome was methylated during latency (Gunther and Grundhoff, 2010). Gunther and Grundhoff (2010) suggested that the CpG methylation process could take a long time to prevail over the genome, and thus could not control early latency. There are several reports that DNA methylation of viral genomes is related to the regulation of the gene expression of gammaherpesviruses such as EBV and herpesvirus saimiri (HVS; Minarovits, 2006). Heterochromatin formation on the viral genomes, however, seems to be inconvenient for the rapid induction of lytic replication. Further investigations are needed to clarify how viruses are ready for lytic induction if heterochromatin and/or DNA methylation was formed on the genome.

Viral factors play key roles in maintaining gene expression profiles in latency. Otherwise, modulation by viral and cellular factors maintains viral latency. In addition to the recruitment of



heterochromatin factors on to the genome, LANA itself tends to repress viral lytic gene expression. LANA physically associates with recombination signal sequence-binding protein J κ (RBP-J κ) and represses the replication and transcription activator (RTA) promoter through the RBP-J κ binding site existing within its promoter (Lan et al., 2005a).

Viral FLICE-inhibitory protein, also known as K13, interacts with several NF- κ B-related signaling proteins and activates the NF- κ B pathways, thus enhancing cell survival (Chaudhary et al., 1999; Field et al., 2003; Matta et al., 2003, 2007; Matta and Chaudhary, 2004). It should be noted that the effect of NF- κ B signaling on reactivation depends on cellular context (Grossmann and Ganem, 2008) and seems to be regulated by an intricate balance within the cellular environment. Previous studies, however, demonstrated that v-FLIP repressed the RTA promoter by activating NF- κ B binding to the cognate sequence, but in that case it deregulates vIL-6 and hIL-6 expression (Zhao et al., 2007). The reactivation is initiated by RTA, which is a lytic switch protein and a homolog of EBV BRLF1 (Liang et al., 2002). The RTA promoter region is highly responsive to 12-*O*-tetradecanoylphorbol 13-acetate (TPA) or phorbol 12-myristate 13-acetate (PMA), sodium butyrate (NaB), and trichostatin A (TSA), and is associated with several histone deacetylase proteins such as HDAC, which leads to chromatin remodeling of a nucleosome and then regulates KSHV reactivation from latency (Lu et al., 2003). RTA activates various viral genes through direct binding with RTA-responsive elements existing within the K8 and ORF57 promoters (Byun et al., 2002) and also through indirect mechanisms on RTA itself and vIRF-1 (Nishimura et al., 2001; Sakakibara et al., 2001; Ueda et al., 2002). Although RTA is a strong transactivator and inducer of lytic replication, it also enhances LANA expression and then is involved in the establishment of latency in the early infection phase (Lan et al., 2005b). This feedback mechanism explains the low efficiency of lytic replication and the generation of complete viral particles in KSHV-infected cell lines.

MicroRNAs (miRNAs) are single-stranded and 20- to 23-nucleotide RNA molecules that are involved in gene expression (Bartel, 2004; Bartel and Chen, 2004). Recent studies have highlighted the critical role of viral microRNAs (miRNAs) in the maintenance of KSHV latency (for review, see Ganem and Ziegelbauer, 2008; Boss et al., 2009; Lei et al., 2010a). The KSHV genome contains 17 miRNAs that are clustered and located in the intragenic region between *kaposin* and *v-FLIP* (Cai et al., 2005; Pearce et al., 2005; Samols et al., 2005; Cai and Cullen, 2006). Surprisingly, a new proteomic approach suggests that a single miRNA can directly lead to the suppression of the synthesis of hundreds of proteins at both mRNA and translation levels, although the level of suppression is mild (Baek et al., 2008; Selbach et al., 2008).

Kaposi's sarcoma-associated herpesvirus miRNAs are reported to regulate, directly or indirectly, various factors including lytic genes (Murphy et al., 2008; Bellare and Ganem, 2009) and cellular factors such as NF- κ B and I κ B α , the latter of which is directly regulated by KSHV miR-K1 (Lei et al., 2010b) and Bcl-2 associated factor (*BCLAF1*) as a target of miR-K5 (Ziegelbauer et al., 2009), miR-K12-7 (Lin et al., 2011) and miR-K9 (Bellare and Ganem, 2009) directly target RTA and contribute to the maintenance of latency. miR-K12-11 shows remarkable homology to cellular

miR-155; it inhibits a BACH-1 3'UTR-containing reporter and downregulates the expression of BACH-1, which is a broadly expressed transcriptional repressor that regulates genes involved in the hypoxia response (Gottwein et al., 2007; Skalsky et al., 2007). Thrombospondin 1 (*THBS1*), an inhibitor of angiogenesis, is targeted by multiple KSHV miRNAs, such as miR-K12-1, miR-K12-3-3p, miR-K12-6-3p, and miR-K12-11 (Samols et al., 2007). miR-K1 represses the expression of p21 via the 3'UTR and attenuates p21-mediated cell cycle arrest during KSHV latency (Gottwein and Cullen, 2010).

CELLULAR DNA LICENSING AND VIRAL DNA REPLICATION IN LATENCY

Because eukaryotic DNA replication is strictly regulated by a licensing mechanism, the genome is replicated only once per cell cycle. DNA replication starts at multiple sites on a chromosome; these sites are called the replication origin, whose number is predicted to be 30,000~50,000 (Huberman and Riggs, 1966). The genome size of eukaryotes is about 10^7 to 10^{11} bp (fungi to mammals), and the entire DNA must be replicated within a limited time (Wyrick et al., 2001). To achieve this, many proteins participate in DNA replication licensing, including origin recognition complex (ORC), Cdc6, Cdt1, and mini-chromosomal maintenance (MCM) helicase, and so on. First, ORC recognizes and binds to the origins and then recruits a Cdc6 followed by the association of another replication protein, called Cdt1. Finally, the MCM helicase is loaded onto the complex to establish a complete pre-replication complex (pre-RC) (reviews in Nishitani and Lygerou, 2002; DePamphilis, 2003, 2005).

KSHV ORIGIN OF REPLICATION IN LATENCY

The features of DNA replication origins have been reported. Although there are no consensus sequences for the replication origin, recent studies showed that CpG islands, promoter regions, DNA topology, and nucleosome positioning are involved in origin selection (Mechali, 2010). *Saccharomyces cerevisiae* (*S. cerevisiae*) has autonomous replication sequence (ARS) elements that are specific 12 bp consensus sequences and has origin activity (Stinchcomb et al., 1979; Bell and Stillman, 1992). *S. pombe* ARS also has been identified, but it does not share a consensus sequences as in *S. cerevisiae* (Segurado et al., 2003; Dai et al., 2005; Heichinger et al., 2006). Substitution experiments showed that the ARS region could be replaced with a 40-bp poly (dA/dT) fragment (Okuno et al., 1999).

In higher eukaryotes, no consensus sequences are identified, though known origin sequences have been reported (for review, see Aladjem, 2004). It is not yet known why there is no consensus sequence among ORC binding sites of higher eukaryotes, or how they are selected. Replication origins should be determined by different mechanisms, and recent genome-wide analyses show that the origin sequences are closely related with transcriptional regulatory elements and CpG islands but not sequence motifs (Cadoret et al., 2008; Sequeira-Mendes et al., 2009).

The KSHV genome appears to replicate once per cell cycle during latency, as cellular DNA replication. The number of the genome copies is supposed to be 50–100 per KSHV-infected PEL cell and the copy number is kept at the same number, at least

appears to be kept at the same copy number (Cesarman et al., 1995; Ballestas et al., 1999; Ueda et al., 2006). This observation suggests that the KSHV genome uses cellular replication machinery so that viral DNA replication synchronizes with the cell cycle. The KSHV origin of replication in latency, called ori-P, consists of two LANA-binding sites (LBS), in which LBS1 has a higher affinity with LANA (Garber et al., 2002), and the following 32 bp GC-rich segment (termed 32GC in this manuscript) and the ori-P is in the TR region of the KSHV episome (Hu and Renne, 2005; **Figure 1**). LANA directly binds to LBS and supports viral DNA replication (Garber et al., 2002; Hu et al., 2002; Fejer et al., 2003; Grundhoff and Ganem, 2003). The components of pre-RC, such as ORC, Cdc6, and MCM were recruited to the TR sequences in a LANA-dependent manner (Lim et al., 2002; Ohsaki et al., 2004; Stedman et al., 2004; Verma et al., 2006).

In the case of EBV ori-P, the dyad symmetry (DS) and family of repeats (FR) are essential for the ori-P activity (Reisman et al., 1985), though FR rather works for viral genome maintenance. The DS element contains two EBNA1 binding sites and is the functional replicator in the presence of EBNA1 (Wysokenski and Yates, 1989; Harrison et al., 1994). The FR element contains 20 copies of a 30-bp repeat sequence and has an essential role in the long-term maintenance of ori-P-containing plasmid (Krysan et al., 1989; Marechal et al., 1999). It is suggested that cellular replication factors bind to the sequences adjacent to EBNA1 binding sites through the interaction with EBNA1 (Yates et al., 2000; Koons et al., 2001). A chromatin immunoprecipitation assay suggested that the ORC complex and EBNA1 bound to chromatin and ori-P in G₀-arrested cells (Ritzi et al., 2003). Nucleosome assembly proteins, such as NAP1 and TAF-I, interact with EBNA1 and are recruited to the ori-P regions. These proteins contribute to the activation of transcription, although TAF-I negatively regulates DNA replication (Wang and Frappier, 2009). The EBNA1 LR1 and LR2 domains are critical for the interaction with ORC and for disrupting this association by binding with G-rich RNA (Norseen et al., 2009). Thus, the latent replication of KSHV and EBV totally depends on cellular DNA replication machinery with the only exception of the requirement of LANA and EBNA1, respectively.

HOW LANA WORKS

LANA is a nuclear protein with 1162 amino acids. It shows a functional homology to EBNA1 of EBV and, in part, to E1/E2 of human papillomavirus and to SV40 large T antigen. Especially, the C-terminus of LANA and that of EBNA1 conserve secondary and tertiary structures (Han et al., 2010). The N-terminus of LANA contains a chromosome binding site (CBS) and a nuclear localization signal (NLS), and the C-terminus contains a DNA binding domain and a dimerization domain, called DBD. In the DBD, there appears to be another NLS, but this NLS is rather cryptic and weak, since an N-terminal deleted mutant, which contains 108–1162 aa, is localized in the cytoplasm (Ohsaki et al., 2009). The central region is composed of a proline-rich region, an aspartate (D)- and glutamate (E)-rich repetitious region, and a glutamine-rich domain (Garber et al., 2001; Piolot et al., 2001; **Figure 2**). DBD (923–1162 aa) is necessary and partially sufficient to support ori-P replication compared to the full-length LANA (Hu et al., 2002;

Ohsaki et al., 2009), and when considering their expression levels in *in vitro* study.

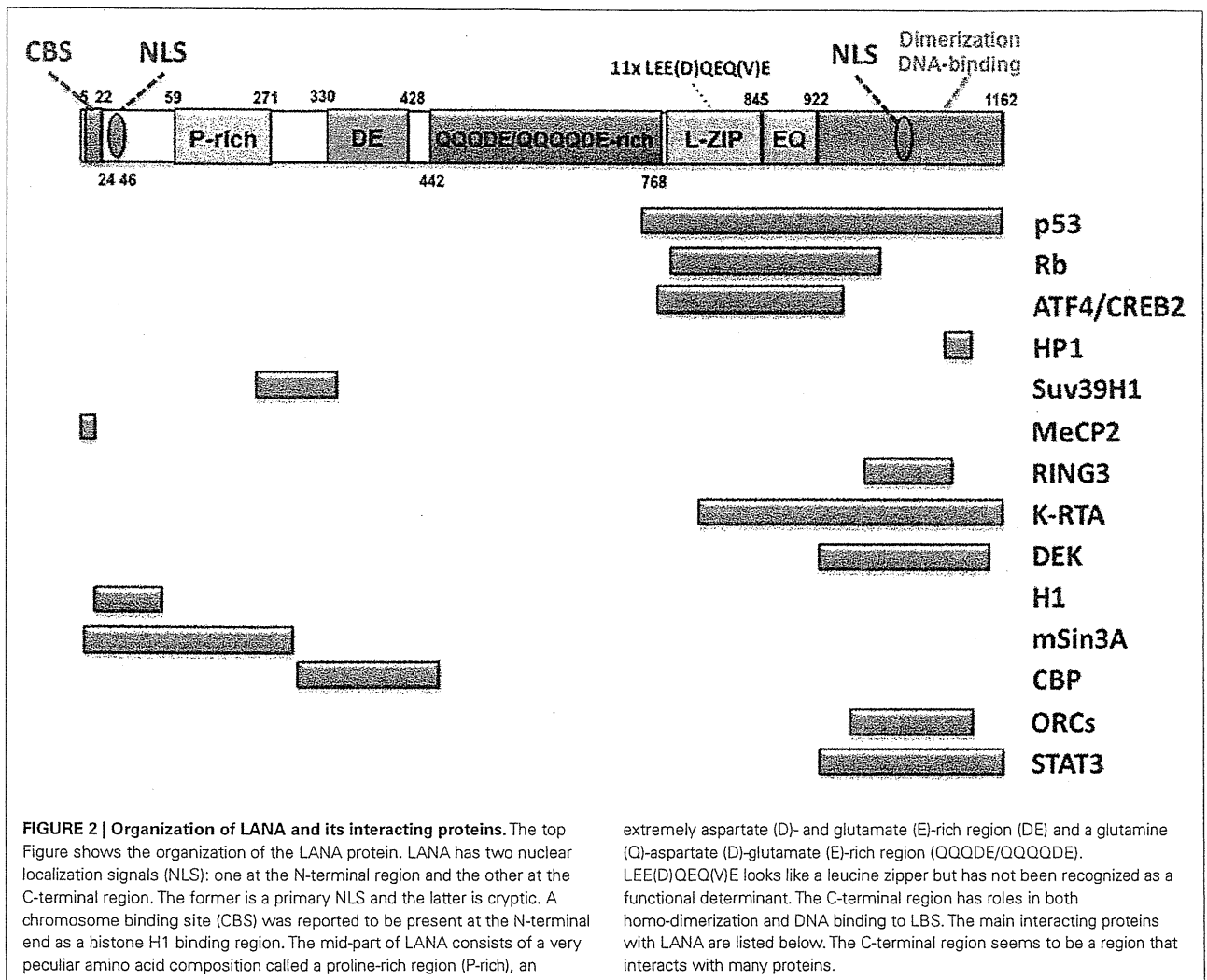
Many studies show that LANA binds to LBS and recruits ORC to the origin as described above. What is the mechanism by which ORC is recruited to ori-P? One possible mechanism is that LANA directly interacts with ORC so that ORC is loaded to the origin (Lim et al., 2002; Stedman et al., 2004; Verma et al., 2006). If LANA could directly interact with ORC and recruit to the origin, we are confronted with this question: why is 32GC required for ori-P activity despite LANA's ability to bind to the ori-P? It could be that the 32GC is required to load ORC and the other pre-RC components to the region next to LBS, although the underlying molecular mechanism is not yet known. Further study is needed to resolve this question.

LANA is highly expressed in KSHV-related malignancies, and plays an essential in episomal maintenance. It interacts with multiple cellular proteins, including tumor suppressors such as p53 (Friborg et al., 1999) and Rb (Radkov et al., 2000), as well as transcription factors such as ATF4/CREB2 (Lim et al., 2000) and STAT3 (Muromoto et al., 2006), chromatin-associated proteins such as HP1 (Lim et al., 2003), histone H2A/B (Barbera et al., 2006b), MeCP2 (Krithivas et al., 2002; Matsumura et al., 2010), and Brd4 (Ottinger et al., 2006), in addition to signal transducers such as GSK-3b (Fujimuro and Hayward, 2003) and so on (**Figure 2**). Almost all of these proteins interact with the C-terminal domain of LANA, implying the functional importance of this domain. However, careful analysis of protein–protein interaction is required, because only DBD sometimes shows non-specific binding with other proteins and may exhibit different properties from the full-length LANA (our personal observation).

REGULATION OF KSHV ori-P ACTIVATION

The origin number varies from species to species. In mammals, it, 30,000–50,000 origins are thought to exist at each cell cycle (Huberman and Riggs, 1966). However, not all of these origins start DNA synthesis at the same time. Some origins are activated early in the S phase, whereas others are activated in the late S phase; that is, the DNA replication timing is controlled (Dimitrova and Gilbert, 1999; Cimborra et al., 2000). How is the timing of DNA replication determined? Some groups have provided possible answers to this question. It was reported that heterochromatin could change the timing of DNA replication by transgene insertion into a mammalian genome (Lin et al., 2003). Sir proteins, which are silencer proteins, can delay replication and correlate with transcriptional silencing (Zappulla et al., 2002). Thus, various studies suggest that heterochromatin modulates replication timing (Goren et al., 2008; Klochkov et al., 2009; Schwaiger et al., 2010) and EBV replication in latency occurs in mid-late S phase (Zhou et al., 2009). In the case of KSHV, the replication timing of the viral genome is not yet known. Considering that ori-P is present in the proximity of heterochromatin because of LANA-dependent accumulation of heterochromatin, DNA replication of the KSHV genome may start at the middle or late S phase.

The frequency of origin usage also differs from origin to origin; some origins are used in every cell cycle, whereas others are used rarely. Various studies including in *Drosophila*, *Xenopus*, and mammals demonstrate how specific origins are selected, but several



questions about the decision mechanism of origins remain unanswered. Considering the genome size of this virus, one origin is enough to complete replication within the S phase; and because of the existence of “origin interference” by the ATR and ATM pathways (Shechter et al., 2004), a single origin must be chosen.

The micrococcal nuclease digestion pattern at TR in G1-arrested cells leads to change, suggesting that the chromatin structure became more accessible to enzymatic digestion (Stedman et al., 2004). Therefore, the chromatin structure may be changed by the recruitment of the replication machinery during the late G1 phase.

A recent study shows that the cellular deubiquitylating enzyme USP7 stimulates EBNA1 binding to its recognition sites so that histone modification at the EBV ori-P is changed by EBNA1 mediating the recruitment of USP7 (Sarkari et al., 2009).

THE ROLES OF NUCLEAR ARCHITECTURES

NUCLEAR MATRIX AS A SCAFFOLD FOR DNA REPLICATION AND TRANSCRIPTION

The nucleus consists of a well-organized structure and is highly complex. The structures of nuclear matrix proteins such as

lamins, nuclear mitotic apparatus (NuMA), hnRNP, and so on, are important for the organization of chromatin, DNA replication, and transcription (Dechat et al., 2008). The nuclear matrix, isolated by Berezney and Coffey (1974), is believed to support the spatial distribution of several nuclear factors, such as DNA replication machinery and transcription factors. The nuclear matrix fraction contains DNase I-resistant and high salt-resistant proteins. Because the nuclear matrix can be visualized only after chromatin extraction, there has been a debate that such a nuclear matrix is an essential component of *in vivo* nuclear architectures. In previous studies, replication origins have come to the nuclear matrix (van der Velden et al., 1984; Amati and Gasser, 1990; Adom et al., 1992; Brylawski et al., 1993; Fallaux et al., 1996). Eukaryotic DNA is organized into DNA loops generated by the attachment of chromatin to the nuclear matrix via specific regions, referred to as scaffold/matrix attachment regions (Pardoll et al., 1980; Vogelstein et al., 1980; Laemmli et al., 1992; Roberge and Gasser, 1992). DNA loop formation is essential for DNA replication, transcription, and chromosomal packaging (Gasser and Laemmli, 1987; Berezney et al., 1995; Bode et al., 1995; Nickerson et al., 1995; Razin et al., 1995; Jackson, 1997; Volpi et al.,

2000; Mahy et al., 2002; Sumer et al., 2003; Marenduzzo et al., 2007).

In EBV, both the latent ori-P and the lytic ori-Lyt are bound to the nuclear matrix (Jankelevich et al., 1992; Mattia et al., 1999). EBV nuclear antigen leader protein (EBNA-LP) is a nuclear matrix-associated protein, and its nuclear matrix-targeting signal is a 10-aa segment, which also functions as a NLS (Yokoyama et al., 2001). However, this is not the case for LANA, because it was reported that C-terminal truncation up to 1128 aa could not be localized in a high salt-resistant fraction (nuclear matrix fraction), but the C-terminal region (1129–1143 aa) is high salt extractable (Viejo-Borbolla et al., 2003). We previously showed that the N-terminal region up to 107 aa is localized in nucleocytoplasmic and chromatin fractions (Ohsaki et al., 2009). The localization to the nuclear matrix fraction of LANA might depend on the conformation of LANA or post-translational modifications.

On the other hand, a cell fractionation assay has shown that cellular pre-RC components, such as ORC2, Cdc6, and Cdt1, preferentially localize in the nuclear matrix fraction in a cell cycle-dependent manner, and LANA itself also can localize in the nuclear matrix fraction. Accordingly, TR accumulates in the nuclear matrix fraction during the late G1 phase, suggesting that LANA recruits the ori-P to the nuclear matrix, so that cellular replication machinery is abundant and available for viral DNA replication during latency (Ohsaki et al., 2009; Figure 3).

GENOME SEGREGATION MECHANISMS OF KSHV IN LATENCY

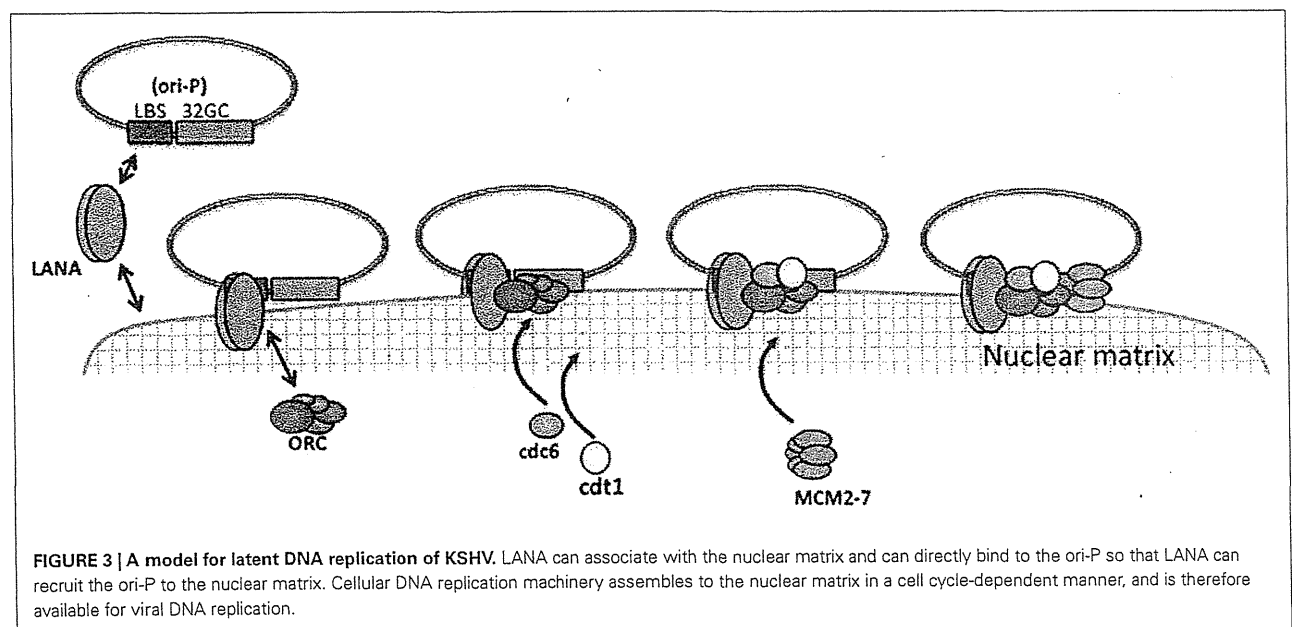
The same copy number of KSHV genomes appears to be maintained in daughter cells after every cell division (Ballestas et al., 1999; Ueda et al., 2006), indicating that a strict genome maintenance mechanism is working. In the KSHV-infected PEL cell lines, LANA associates with a condensed mitotic chromatin (Ballestas

et al., 1999; Cotter and Robertson, 1999; Tetsuka et al., 2004). It was reported that MeCP2, a methyl CpG-binding protein, interacts with the N-terminal of LANA and that DEK protein interacts with the C-terminal of LANA. These two independent interactions are involved in the tethering of LANA to chromosomes (Krithivas et al., 2002). Various studies have reported the interaction between LANA and multiple cellular proteins associated with chromatin.

Brd4, which is a member of the BET family that carries two bromodomains and associates with mitotic chromosomes, interacts with LANA on mitotic chromosomes (You et al., 2006). It has also been reported that core histones such as H2A and H2B are essential for LANA N-terminal chromosome binding (Barbera et al., 2006a,b). Furthermore, LANA interacts with Brd2/Ring3, which is a member of the BET family of double bromodomain-containing genes and contains two tandem bromodomains (Viejo-Borbolla et al., 2005).

Xiao et al. (2010) reported that LANA is associated with centromeres via the formation of complexes with Cenp-F and Bub1, which are kinetochore-associated proteins. This suggests that LANA preferentially interacts with kinetochore-associated proteins and that its association is critical for segregation into daughter cells. Though the interaction of LANA with kinetochore factors might interfere with correct spindle formation, it suggests that LANA should support viral genome segregation along with condensed chromatin.

A NuMA plays a critical role in the nuclear architecture in the interphase. After nuclear envelope breakdown in mitosis, NuMA is hyperphosphorylated by p34^{cdc2} and is distributed at spindle poles, where it remains until the anaphase and plays an essential role in tethering spindle microtubules to each pole (Merdes et al., 1996; Gehmlich et al., 2004). Although NuMA drastically alters the localization and functions in the interphase and M phase, biochemical fractionation analysis shows that NuMA is localized in



the insoluble nuclear matrix fraction in both phases. A recent study demonstrated that the C-terminus of LANA was co-localized with NuMA during the interphase and that the knockdown of NuMA expression caused the disruption of genome segregation and TR-containing plasmid maintenance (Bhaumik et al., 2008) and thus, KSHV genome segregation is disrupted in the absence of NuMA. Through siRNA and knockdown strategies in mice, NuMA has been shown to be an essential protein for early embryogenesis and cellular proliferation (Harborth et al., 2001; Silk et al., 2009), and it is thus unclear how the interaction with LANA actually works for viral genome segregation.

In either case, LANA has the capability of associating with various cellular proteins so that KSHV can maintain the genome stably if the cells are divided into two daughter cells. Nuclear matrix proteins function as a scaffold of DNA replication, transcription, and repair during the interphase, and also play an essential role in the segregation of condensed chromosomes in mitosis. Condensed chromosomes include, for example, NuMA, which can behave as a component of a spindle pole during mitosis, or Cenp-F, which is a nuclear matrix protein during the interphase and is distributed to kinetochores in mitosis. Taken together, the previous and present results suggest that nuclear architectures such as the nuclear matrix have essential roles not only in DNA replication and transcription but also in genome segregation during mitosis (Figure 4).

CONCLUSION AND PERSPECTIVES FOR FUTURE ANALYSIS

The importance of nuclear architecture is increasingly recognized as important in various nuclear events, such as DNA replication,

transcription, and DNA repair. It is well accepted that the chromosomes are organized into distinct territories in the interphase. These distributions of chromosomes are closely related to the place for active or inactive transcription, the presence of DNA replication machinery, and the formation of higher-order structures of chromatin loops. DNA looping appears to be mediated by attachment to the nuclear matrix and thus achieves transcriptional control (Ostermeier et al., 2003). Other studies have suggested that the gene-rich chromosomes are frequently located in the nuclear interior. On the other hand, gene-poor chromosomes are located in the nuclear periphery (Tanabe et al., 2002; Reddy et al., 2008). A recent study shows that the transcriptional silencing might be accomplished by the binding of a specific promoter region to lamin type A (Lee et al., 2009). It is reported that replication foci at the middle to late S phase are also preferentially located toward the nuclear periphery, whereas early replication foci are located in the nuclear interior (Grasser et al., 2008) or throughout the nucleus (Izumi et al., 2004).

The spatial and temporal analyses using live-cell imaging revealed that replication forks are generated at the same origin and are closely associated during replication (Kitamura et al., 2006). Interestingly, two replication loci, located at the same distance from the origin, were in closer proximity when DNA replication took place at these loci, after which they moved apart from each other after replication. It is speculated that the replication factory anchors some region and that replicated DNA can move away from a replication factory immediately after DNA synthesis. This anchored region may be a nuclear scaffold such as the nuclear matrix.

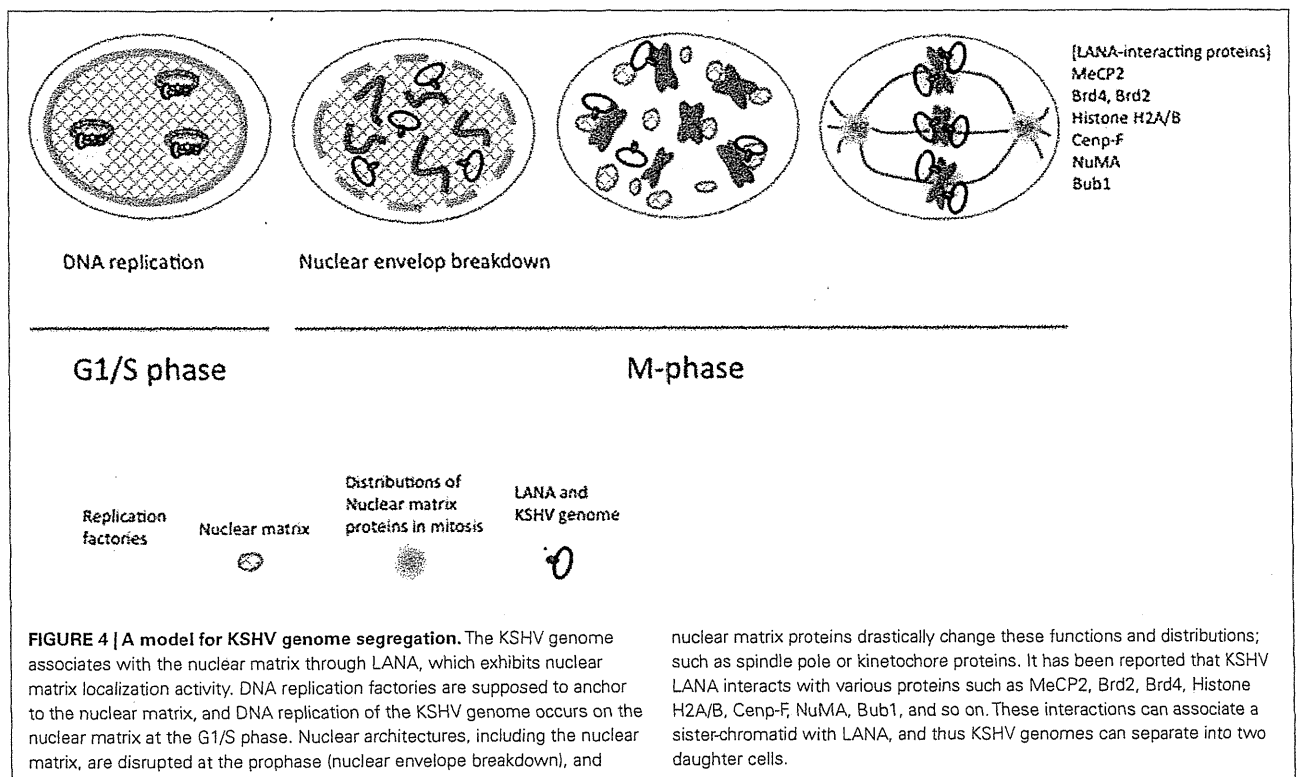


FIGURE 4 | A model for KSHV genome segregation. The KSHV genome associates with the nuclear matrix through LANA, which exhibits nuclear matrix localization activity. DNA replication factories are supposed to anchor to the nuclear matrix, and DNA replication of the KSHV genome occurs on the nuclear matrix at the G1/S phase. Nuclear architectures, including the nuclear matrix, are disrupted at the prophase (nuclear envelope breakdown), and

nuclear matrix proteins drastically change these functions and distributions; such as spindle pole or kinetochore proteins. It has been reported that KSHV LANA interacts with various proteins such as MeCP2, Brd2, Brd4, Histone H2A/B, Cenp-F, NuMA, Bub1, and so on. These interactions can associate a sister-chromatid with LANA, and thus KSHV genomes can separate into two daughter cells.

The cellular environment is critical for viral survival, for which viruses make full use of the cellular machinery. The analysis of insoluble proteins, including nuclear matrix proteins, is difficult for the investigation of protein–protein and protein–DNA interactions *in vitro*, because the conditions of *in vitro* experiments always include soluble fractions. To overcome these problems, recent new approaches, such as genome-wide analysis

using chromatin immunoprecipitation or live-cell imaging that reflects the *in vivo* environment, may be more powerful and accurate.

As for KSHV genome replication and maintenance, it would be first necessary to clarify how LANA is involved in both. Considering the real and actual cellular environments, we need to develop more powerful tools to know what the virus does in cells.

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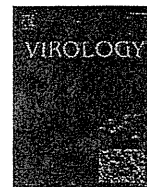
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Novel monoclonal antibodies for identification of multicentric Castleman's disease; Kaposi's sarcoma-associated herpesvirus-encoded vMIP-I and vMIP-II

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ABSTRACT

Recent studies have indicated that vMIP-I and vMIP-II play important roles in the pathogenesis of Kaposi's sarcoma-associated herpesvirus (KSHV)-related diseases due to the effects of these proteins on vascularization. We developed monoclonal antibodies against KSHV-encoded viral macrophage inflammatory protein-I (vMIP-I) and vMIP-II to study these expression profiles and reveal the pathogenesis of KSHV-related diseases. The MAbs against vMIP-I and vMIP-II reacted to KSHV-infected cell lines after lytic induction. Both vMIP-I and the vMIP-II gene products were detected 24 h post-induction with 12-O-tetradecanoylphorbol-13-acetate until 60 h in the cytoplasm of primary effusion lymphoma cell lines. In clinical specimens, both vMIP-I and vMIP-II gene products were detected in the tissues of patients with multicentric Castleman's disease. On the other hand, only vMIP-II was detected in a subset of Kaposi's sarcoma. We concluded that these antibodies might be powerful tools to elucidate the pathogenesis of KSHV-related diseases.

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Introduction

Kaposi's sarcoma-associated herpesvirus (KSHV), also known as human herpesvirus 8 (HHV-8), is a gammaherpesvirus originally identified in HIV-positive Kaposi's sarcoma (KS) tissues (Chang et al., 1994). KSHV is responsible for AIDS associated cancers such as Kaposi's sarcoma (KS), primary effusion lymphoma (PEL), and multicentric Castleman's disease (MCD) (Cesarman et al., 1995; Schalling et al., 1995; Soulier et al., 1995). As is the case for all herpesviruses, KSHV has two life cycles, one latent and the other lytic. Lytic gene expression can be induced by the treatment of latently infected cells with chemical agents such as 12-O-tetradecanoylphorbol-13-acetate (TPA), sodium butyrate (Arvanitakis et al., 1996; Miller et al., 1997). It has been demonstrated that two KSHV-encoded chemokines, K6 (which encodes a vMIP-I) and K4 (which encodes a vMIP-II), are expressed in the course of lytic infection (Moore et al., 1996; Sun et al., 1999). Previous reports showed that both vMIP-I and vMIP-II induced Ca²⁺ signal transduction

via certain chemokine receptors and the receptor-dependent migration of cells (Benelli et al., 2000; Chen et al., 1998; Endres et al., 1999; Kledal et al., 1997). In addition, in a chick chorioallantoic membrane assay, the both proteins showed strong angiogenic properties (Boshoff et al., 1997). However, little is known about the contribution of vMIPs to KSHV malignancy under physiologic conditions.

In this report, we generated new monoclonal antibodies against vMIP-I and vMIP-II, and confirmed the detection of both vMIP-I and vMIP-II in histological sections of tissues from MCD patients as well as in KSHV-infected PEL cell lines. In cases of KS, vMIP-II was detected, but not vMIP-I. These results suggest that the expression properties of vMIP-I and vMIP-II might be related to KSHV-associated diseases, and may even be involved in the generation of diseases. Thus, antiviral chemokine MAbs could potentially become useful tools for the diagnosis of KSHV-related diseases.

Materials and methods

Cells

Kaposi's sarcoma-associated herpesvirus-positive cell lines (BC-1, BC-3, BCBL-1 and TY-1 cells) and a negative cell line (BJAB cells) were

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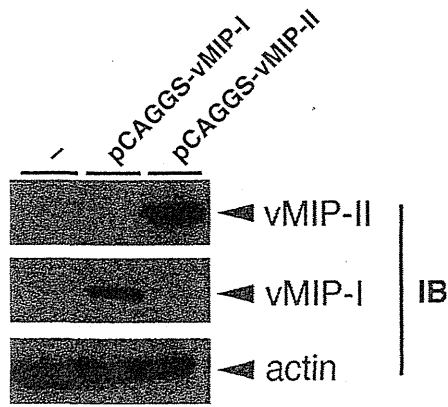


Fig. 1. Cross reactivity between anti-vMIP-I and anti-vMIP-II MAb. 293 T cells were transfected with either 2 µg of pCAGGS- vMIP-I or 2 µg of pCAGGS-vMIP-II plasmids. Forty-eight hours after transfection, the cells were harvested and expression of vMIP-I or vMIP-II was tested by Western blot analysis using the anti-vMIP-I or -vMIP-II MAb, respectively. Actin was also probed with anti-actin monoclonal Ab as a loading control.

obtained from the American Type Culture Collection (ATCC) (Manassas, VA). These cells were grown in RPMI 1640 (Nakalai Tesque, Inc., Kyoto, Japan) supplemented with 10 IU/ml penicillin G, 10 µg/ml streptomycin, 10% heat-inactivated fetal bovine serum (FBS) (HyClone, Logan, UT) in a 5% CO₂ atmosphere. In addition, 293 T and 293/EBNA (Clontech) cells were grown in Dulbecco's modified Eagle's medium (DMEM) (Nakalai Tesque, Inc.) supplemented with 10 IU/ml penicillin G, and 10 µg/ml streptomycin, 10% FBS, and 200 mM L-glutamine.

Plasmids

In order to express vMIP-I and vMIP-II, the ORFs were cloned into the pCAGGS eukaryotic expression vector, and pCAGGS-vMIP-I and pCAGGS-vMIP-II were established. The plasmid vector, pCAGGS was kindly provided by Dr. J. Miyazaki of Osaka University (Niwa et al., 1991). Briefly, fragments including vMIP-I and vMIP-II ORFs were amplified by PCR using the following primer sets: vMIP-I-Met (5'-CGGTACCGAATTCTCCAGATGGCC-3') and vMIP-I-Ter (5'-ACTCGA-GAATTCTACTTGTTCATCGTCGCTCTGTAGTCGGAAGCTATGGCAGGCAG-3'); and vMIP-II-Met (5'-AGGTACCGAATTCAGTTATGGACCAAGGGC-3') and vMIP-II-Ter (5'-ACTCGAGAATTCCTACTTGTATCGTCGCTCTGTAGTCGGAAGCTATGGCAGGCAG-3'). The PCR products were cloned into pCR2.1 (Invitrogen) and sequenced. After digestion with *EcoRI*, the fragments were ligated into the *EcoRI* site of the pCAGGS vector. Then, the DNA fragments encoding vMIP-I and vMIP-II were liberated by *EcoRI*, and were inserted into pCAGGS to generate the expression vectors pCAGGS-vMIP-I and -vMIP-II, respectively. vMIP-I (pGEX-vMIP-I) and vMIP-II (pGEX-vMIP-II) were also generated using PCR-based technology using BCBL-1 genomic DNA as a template. The coding region, without a signal peptide, was amplified with vMIP-I-Eco (CAGAATTCGCGGGTCACTCGTGTCC-3'), vMIP-I-Sal (CTGTCCAGCCGTC-TAAGCTATGGCAGG-3'), vMIP-II-Eco (5'-CGGAATTCGCGTCCTGGCATA-GACCG-3'), and vMIP-II-Sal (5'-GGTCCGACATTCCTCAGCAGCAGTG-3'). The amplified vMIP-I and the vMIP-II fragments were digested with *EcoRI* and *SalI* and inserted downstream of the GST coding of pGEX-5X-1 (GE Healthcare, Uppsala, Sweden) at the *EcoRI* and *SalI* sites to construct pGEX-vMIP-I and pGEX-vMIP-II. To express a full-length and the deletion mutants of the GST-vMIP-I and GST-vMIP-II fusion protein, the genes for GvM1-Full, GvM1-D1, GvM1-D2,

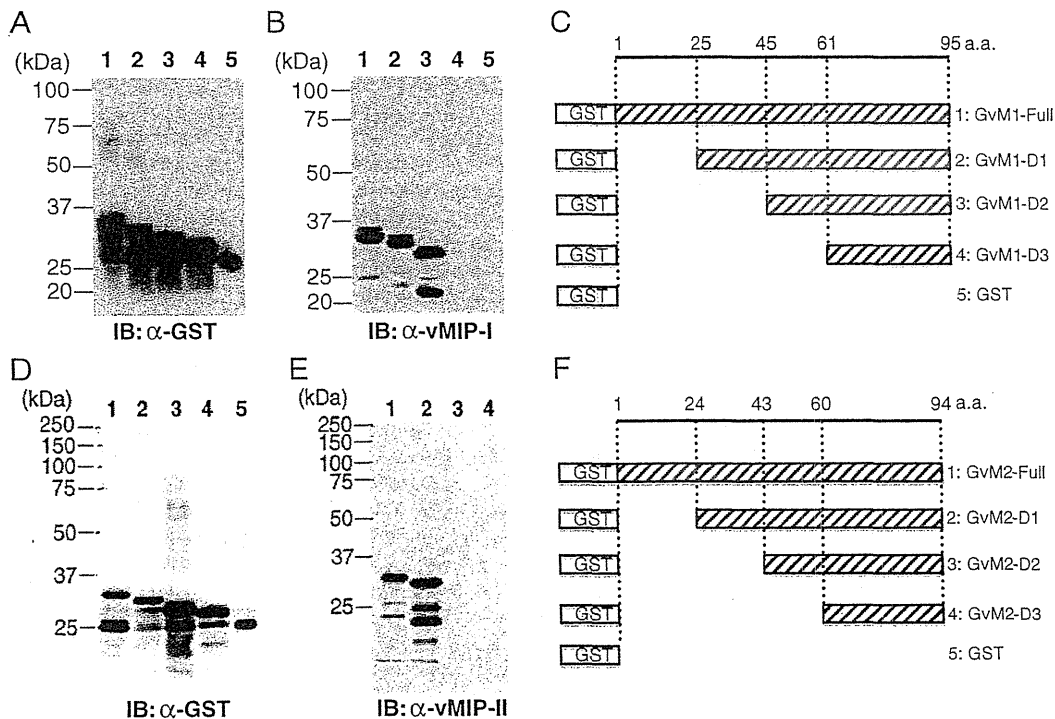


Fig. 2. Epitope mapping of the anti-vMIP-I and the anti-vMIP-II MAb. To map the regions of vMIP-I and vMIP-II recognized by the anti-vMIP-I and anti-vMIP-II antibody, a series of GST-vMIP-I and GST-vMIP-II fusion proteins containing the individual regions of vMIP-I and vMIP-II were constructed as described in Fig. 2C and F, and the proteins were expressed in *E. coli*. The lysates of the fusion proteins, vMIP-I and vMIP-II, and its deletion mutants were immunoblotted with an anti-GST antibody (A and D) and an anti-vMIP-I (B) and an anti-vMIP-II antibody (E) to detect GST-vMIP-I or GST-vMIP-II fusion proteins. Lane 1, GvM1-Full; lane 2, GvM1-D1; lane 3, GvM1-D2; lane 4, GvM1-D3; lane 5, GvM1-D4; lane 6, GST in Fig. 2A and B. Lane 1, GvM2-Full; lane 2, GvM2-D1; lane 3, GvM2-D2; lane 4, GvM2-D3; lane 5, GST (in D only) in Fig. 2D and E. Summary of GST-vMIP-I (C) and GST-vMIP-II (F) deletion mutants. Individual regions of vMIP-I and vMIP-II were cloned in-frame into the pGEX-5X-1 vector to generate GST-vMIP-I and GST-vMIP-II fusion proteins, respectively. The boxes at left indicate GST, and the white boxes with slashed lines indicate individual domains of vMIP-I and vMIP-II. 1, GvM1-Full(1–95a.a.); 2, GvM1-D1(25–95a.a.); 3, GvM1-D2(45–95a.a.); 4, GvM1-D3(61–95a.a.) in Fig. 2C, and 1, GvM2-Full(1–94a.a.); 2, GvM2-D1(24–94a.a.); 3, GvM2-D2(43–94a.a.); 4, GvM2-D3(60–94a.a.) in Fig. 2F.

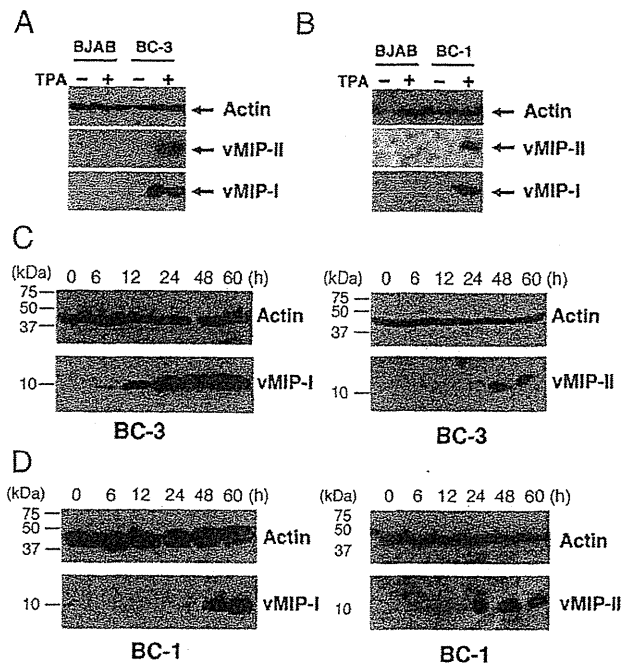


Fig. 3. Detection of vMIP-I and vMIP-II gene products in a KSHV-infected PEL cell line. BC-1 and BC-3 cells were treated with TPA for the indicated number of hours, and the whole-cell extract was prepared after the indicated time post-induction. vMIP-I and vMIP-II were detected by Western blotting and IFA with anti-vMIP-I and -vMIP-II antibodies. Western blot analysis of protein extracted from BC-3 and BJAB cells (A), and BC-1 and BJAB cells (B) with either the anti-vMIP-I or the anti-vMIP-II MAb. Arrows indicate actin, vMIP-I, and vMIP-II proteins. As expected, the estimated sizes of the vMIP-I and vMIP-II proteins, based on comparisons with the migration of molecular size markers, was around 10 kDa. Expression kinetics of vMIP-I (left panel) and vMIP-II (right panel) in TPA-treated BC-3 (C) and BC-1 (D) cells by Western blot analysis. BC-1 and BC-3 cells were harvested after 6, 12, 24, 48, and 60 h post-induction. The lysate was subjected to Western blot analysis as in (A).

GvM1-D3, GvM2-Full, GvM2-D1, GvM2-D2, and GvM2-D3 genes were generated by PCR using the following primer sets: vMIP-I-1F (5'-ATGAATTCAGATGGCCCCCGTCCAC-3') and vMIP-I-5R (5'-CCGTGTCGACCGTCTAAGCTATGGCAGGCAGC-3'); vMIP-I-2F (5'-ATGAATTCGCGGGGTCACCTCGTGTCC-3') and vMIP-I-5R; vMIP-I-3F (5'-ATGAATTCGCCCGCTCCAAATTC-3') and vMIP-I-5R; vMIP-I-4F (5'-ATGAATTCAAAACCCGAGTATTTTGC-3') and vMIP-I-5R; vMIP-II-1F (5'-CGGAATTCGTTATGGACCAAGGGC-3') and vMIP-II-5R (5'-GGCAGTCCGACTCTTACGCGAGCAGTGACTG-3'); vMIP-II-2F (5'-GGGAATTCCTGGGAGCGTCTGGCATAGAC-3') and vMIP-II-5R; vMIP-II-3F (5'-AAGAATTCCTTACCACAGGTCTCTGTCC-3') and vMIP-II-5R; vMIP-II-4F (5'-TGGAATTCACCGGGTGTGATTTTTG-3') and vMIP-II-5R. The PCR products were cloned into pCR2.1 (Invitrogen, Carlsbad, CA) and confirmed by sequencing. The products were digested with the *EcoRI* and *Sall* restriction enzymes and were cloned into pGEX-5X-1 (GE Healthcare). The PCR conditions for all products were as follows: 25 cycles of 94 °C for 1 min, 55 °C for 1 min, and 72 °C for 2 min in a TP480 PCR thermal cycler (Takara Shuzo, Kyoto, Japan).

Immunization and generation of monoclonal Abs against vMIP-I and vMIP-II

In mice, anti-vMIP-I and -vMIP-II antibodies were raised against the GST-vMIP-I and GST-vMIP-II fusion protein, respectively. These GST fusion proteins were purified on a glutathione-Sepharose 4B column (GE Healthcare), and the GST-vMIP-I and the GST-vMIP-II fusion proteins were conjugated to keyhole limpet hemocyanin KLH (Calbiochem. Co., La Jolla, CA). Mice were initially immunized with 250 µg each of the

purified GST-vMIP-I or -II fusion protein in Freund's complete adjuvant administered to the peritoneal cavity, and 200 µg of the antigen in Freund's incomplete adjuvant were injected again 14 and 28 days after the first injection. The mice were exsanguinated 7 days after the last injection. To generate MABs against vMIP-I and vMIP-II, hybridomas were established by fusing splenocytes from the hyperimmune mice using a nonproducing myeloma cell line, Sp-2/0-Ag14 (ATCC, Manassas, VA). After selection in medium containing hypoxanthine-aminopterin-thymidine, cells secreting MABs were screened by immunofluorescence assays (IFA). The TPA-induced and -uninduced BCBL-1 cells were fixed in acetone and exposed to supernatants of the hybrid cells. Clones secreting antibodies reactive with TPA-stimulated BCBL-1 cells were expanded and isolated by limiting dilutions.

Transfection analysis of vMIP-I and vMIP-II

To express the vMIP-I and vMIP-II proteins, 293/EBNA cells were transfected with pCAGGS-vMIP-I and -vMIP-II plasmids using TransIT-LT1 (Mirus Bio LLC, Madison, WI). The transfected cells were incubated for 48 h in DMEM supplemented with 10% FCS. The cells were harvested and lysed with lysis buffer (0.05 M Tris-HCl [pH 8.0], 0.15 M NaCl, 0.5% sodium deoxycholate, 1% Triton X-100, 0.1% sodium-dodecyl sulfate [SDS]). The cell lysate was fractionated by electrophoresis on 16% polyacrylamide gel as described below.

Antibodies and Western blotting

The expression of vMIP-I and vMIP-II in BC-3 cells stimulated with TPA was determined with MABs against vMIP-I and vMIP-II, respectively, as noted above. The concentration of proteins extracted from BC-3 cells was normalized using a BCA Protein Assay Kit (Thermo Fisher Scientific Inc., Rockford, IL). The samples were subjected to SDS-15% polyacrylamide gel electrophoresis under reducing conditions, and were electrophoretically transferred to PVDF membranes (Bio-Rad Laboratories, Hercules, CA). The membranes were blocked for 1 h while being shaken at room temperature in PBS containing 0.05% Tween 20 and 5% w/v nonfat skim milk. The membranes were incubated with a primary antibody and were then incubated for 1 h with an appropriate dilution of horseradish peroxidase (HRP)-conjugated goat anti-mouse IgG antibodies (Santa Cruz Biotechnologies, Santa Cruz, CA). The primary antibody against actin, anti-actin (Ab-1) mouse MAB, was purchased from Merck (Merck KGaA, Darmstadt, Germany). The bound HRP-labeled antibodies were detected with a West Pico substrate kit for horseradish peroxidase (Thermo Fisher Scientific Inc).

IFA

BC-3 cells (10^7 cells) in RPMI 1640 medium with supplements were induced with 25 ng/ml TPA (Sigma Chemical Co., St. Louis, MO). The cells were collected after 0, 4, 8, 12, 24, 48, and 60 h for analysis of the expression kinetics, and for cellular localization analysis 48 h after exposure to TPA. The cells were washed in phosphate-buffered saline (PBS), pH 7.4, and spotted on glass slides. The spots were air-dried, then fixed in ice-cold acetone for 10 min. The cells were then washed with a washing buffer (PBS supplemented with 0.1% Triton X-100) for 15 min, and incubated with either an anti-vMIP-I or an anti-vMIP-II MAB (diluted 1:100 in IFA dilution buffer [PBS containing 2% bovine serum albumin, 0.2% Tween-20, and 0.05% Na₃N]) for 1 h at 37 °C. Then, the slides were washed with the washing buffer, and incubated for 1 h at room temperature with a pre-standardized diluted fluorescein isothiocyanate (FITC)-conjugated goat anti-mouse IgG (Tago Immunologicals, Camarillo, CA). The slides were washed and stained with 4', 6'-diamidino-2-phenylindole (DAPI) to detect nuclei and were mounted with 50% (v/v) glycerol in PBS. For formalin-fixed paraffin-embedded tissues, antigen retrievals were performed on the deparaffined sections using citrate buffer. Alexa 488 or 568-conjugated