Fig. 5. The CD81 and endosome acidification is involved in the production of IL-28B from HCV-stimulated BDCA3+ DCs, but HCV replication is not necessary. (A,B) BDCA3+ DCs were cultured at 2.5 × 10^4 cells with HCVcc at an MOI of 10 (A) or poly IC (25 μg/mL) (B). In some experiments, UV-irradiated HCVcc was used at the same MOI, and BDCA3+ DCs were treated with anti-CD81Ab (5 mg/mL), chloroquine (10 mM), or bafilomycin A1 (25 nM). The results are expressed as ratios of IL-28B quantity with or without the treatments. They are shown as mean ± SEM from five experiments. *P < 0.05 by paired t test. C, control; CLQ, treatment with chloroquine; Baf, treatment with bafilomycin A1; UV, ultraviolet-irradiated HCVcc; n.d., not detected.

CD81 and Endosome Acidification Are Involved in IL-28B Production from HCV-Stimulated BDCA3+ DCs, but HCV Replication Is Not Involved. It is not known whether HCV entry and subsequent replication in DCs is involved or not in IFN response.[18,19] To test this, BDCA3+ DCs were inoculated with UV-irradiated, replication-defective HCVcc. We confirmed that UV exposure under the current conditions is sufficient to negate HCVcc replication in Huh7.5.1 cells, as demonstrated by the lack of expression of NS5A after inoculation (data not shown). BDCA3+ DCs produced comparable levels of IL-28B with UV-treated HCVcc, indicating that active HCV replication is not necessary for IL-28B production (Fig. 5A).

We next examined whether or not the association of HCVcc with BDCA3+ DCs by CD81 is required for IL-28B production. It has been reported that the E2 region of HCV structural protein is associated with CD81 on cells when HCV enters susceptible cells.[13,20] We confirmed that all DC subsets express CD81, the degree of which was most significant on BDCA3+ DCs (Fig. 1B, Fig. S1). Masking of CD81 with Ab significantly impaired IL-28B production from HCVcc-stimulated BDCA3+ DCs in a dose-dependent manner (Fig. 5A, Fig. S8), suggesting that HCV-E2 and CD81 interaction is involved in the induction. The treatment of poly IC-stimulated BDCA3+ DCs with anti-CD81 Ab failed to suppress IL-28B production (Fig. 5B).

HCV enters the target cells, which is followed by fusion steps within acidic endosome compartments. Chloroquine and bafilomycin A1 are well-known and broadly used inhibitors of endosome TLRs, which are reported to be capable of blocking TLR3 response in human monocyte-derived DC.[21,22] In our study, the treatment of BDCA3+ DCs with chloroquine, bafilo-

mycin A1, or NH4Cl significantly suppressed their IL-28B production either in response to HCVcc or poly IC (Fig. 5A,B, NH4Cl, data not shown). These results suggest that the endosome acidification is involved in HCVcc- or poly IC-stimulated BDCA3+ DCs to produce IL-28B. The similar results were obtained with HCVcc-stimulated pDCs for the production of IL-28B (Fig. S9). We validated that such concentration of chloroquine (10 mM) and bafilomycin A1 (25 nM) did not reduce the viability of BDCA3+ DCs (Fig. S10).

BDCA3+ DCs Produce IL-28B in Response to HCVcc by a TIR-Domain-Containing Adapter-Inducing Interferon-β (TRIF)-Dependent Mechanism. TRIF/TICAM-1, a TIR domain-containing adaptor, is known to be essential for the TLR3-mediated pathway.[23] In order to elucidate whether TLR3-dependent pathway is involved or not in IL-28B response of BDCA3+ DCs, we added the cell-permeable TRIF-specific inhibitory peptide (Invivogen) or the control peptide to poly IC- or HCVcc-stimulated BDCA3+ DCs. Of particular interest, the TRIF-specific inhibitor peptide, but not the control one, significantly suppressed IL-28B production from poly IC- or HCVcc-stimulated BDCA3+ DCs (Fig. 6A,B). In clear contrast, the TRIF-specific inhibitor failed to suppress IL-28B from HCVcc-stimulated pDCs (Fig. 6C), suggesting that pDCs recognize HCVcc in an endosome-dependent but TRIF-independent pathway. These results show that BDCA3+ DCs may recognize HCVcc by way of the TRIF-dependent pathway to produce IL-28B.

BDCA3+ DCs in Subjects with IL-28B Major Genotype Produce More IL-28B in Response to HCV than Those with IL-28B Minor Type. In order to compare the ability of BDCA3+ DCs to release IL-28B in healthy subjects between IL28B major (rs8099917, TT)

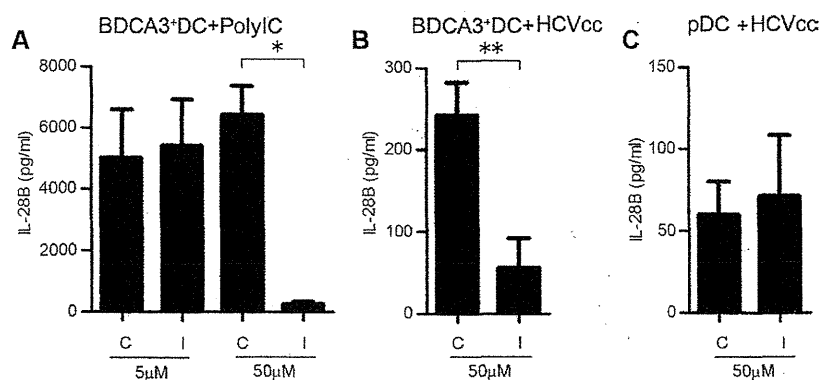**A** BDCA3⁺DC+PolyIC   **B** BDCA3⁺DC+HCVcc   **C** pDC +HCVcc

Fig. 6. BDCA3⁺ DCs produce IL-28B upon HCVcc stimulation in a TRIF-dependent mechanism. BDCA3⁺ DCs or pDCs had been treated with 5 or 50 mM TRIF inhibitory peptide or control peptide for 2 hours. Subsequently, BDCA3⁺ DCs were stimulated with Poly IC (25 μg/mL) or HCVcc (MOI = 10), and pDCs were stimulated with HCVcc (MOI = 10), respectively. IL-28B was quantified by ELISA. They are shown as mean ± SEM from five experiments. *P < 0.05 by paired t test. C, TRIF control peptide; I, TRIF inhibitory peptide.

and minor hetero (TG) genotypes, we stimulated BDCA3⁺ DCs of the identical subjects with poly IC (25 mg/mL, 2.5 mg/mL, 0.25 mg/mL), HCVcc or JFH-1-infected Huh 7.5.1, and subjected them to ELISA. The levels of IL-28B production by poly IC-stimulated BDCA3⁺ DCs were comparable between subjects with IL-28B major and minor type (Fig. 7A). Similar results were obtained with the lesser concentrations of poly IC (Fig. S11). Of particular interest, in response to HCVcc or JFH-1 Huh7.5.1 cells, the levels of IL-28B from BDCA3⁺ DCs were significantly higher in subjects with IL-28B major than those with minor type (Fig. 7B,C, S12).

Discussion

In this study we demonstrated that human BDCA3⁺ DCs (1) are present at an extremely low frequency in PBMC but are accumulated in the liver; (2) are capable of producing IL-29/IFN-λ1, IL-28A/IFN-λ2, and IL-28B/IFN-λ3 robustly in response to HCV; (3) recognize HCV by a CD81-, endosome acidification and TRIF-dependent mechanism; and (4) produce larger amounts of IFN-λs upon HCV stimulation in subjects with IL-28B major genotype (rs8099917, TT). These

characteristics of BDCA3⁺ DCs are quite unique in comparison with other DC repertoires in the settings of HCV infection.

At the steady state, the frequency of DCs in the periphery is relatively lower than that of the other immune cells. However, under disease conditions or physiological stress, activated DCs dynamically migrate to the site where they are required to be functional. However, it remains obscure whether functional BDCA3⁺ DCs exist or not in the liver. We identified BDCA3⁺CLEC9A⁺ cells in the liver tissue (Fig. 1D). In a paired frequency analysis of BDCA3⁺ DCs between in PBMCs and in IHLs, the cells are more abundant in the liver. The phenotypes of liver BDCA3⁺ DCs were more mature than the PBMC counterparts. In support of our observations, a recent publication showed that CD141⁺ (BDCA3⁺) DCs are accumulated and more mature in the liver, the trend of which is more in HCV-infected liver.[24] We confirmed that liver BDCA3⁺ DCs are functional, capable of releasing IFN-λs in response to poly IC or HCVcc.

BDCA3⁺ DCs were able to produce large amounts of IFN-λs but much less IFN-β or IFN-α upon TLR3 stimulation. In contrast, in response to TLR9 agonist,
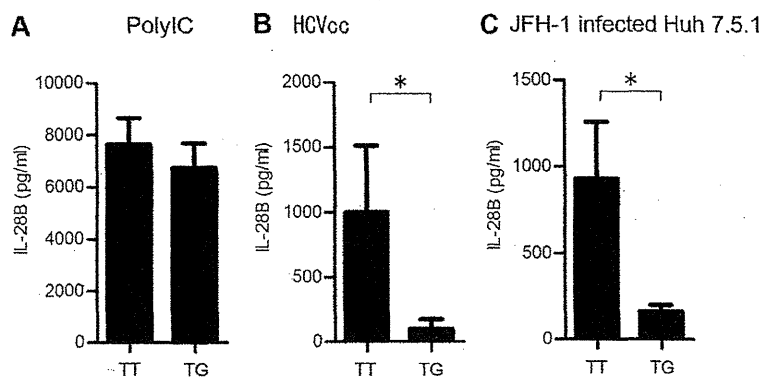
Fig. 7. In response to HCVcc, BDCA3⁺ DCs of healthy donors with IL-28B major genotype (rs8099917, TT) produced more IL-28B than those with minor type (TG). BDCA3⁺ DCs of healthy donors with IL-28B TT (rs8099917) or TG genotype were cultured at 2.5 × 10⁴ cells with 25 mg/mL poly IC (A), with HCVcc at an MOI of 10 (B), or with JFH-1-infected Huh 7.5.1 cells (C) for 24 hours. The supernatants were subjected to IL-28B ELISA. The same healthy donors were examined for distinct stimuli. The results are the mean ± SEM from 15 donors with TT and 8 with TG, respectively. *P < 0.05 by Mann-Whitney U test.

A PolyIC   **B** HCVcc   **C** JFH-1 infected Huh 7.5.1

pDCs released large amounts of IFN-β and IFN-α but much less IFN-λs. Such distinctive patterns of IFN response between BDCA3$^+$ DCs and pDCs are of particular interest. It has been reported that interferon regulatory factor (IRF)-3, IRF-7, or nuclear factor kappa B (NF-κB) are involved in IFN-β and IFN-λ1, while IRF-7 and NF-κB are involved in IFN-α and IFN-λ2/λ3.[5] Presumably, the stimuli with TLR3/retinoic acid-inducible gene-I (RIG-I) (poly IC) or TLR9 agonist (CpG-DNA) in DCs are destined to activate these transcription factors, resulting in the induction of both types of IFN at comparable levels. However, the results of the present study did not agree with such overlapping transcription factors for IFN-λs, IFN-β, and IFN-α. Two possible explanations exist for different levels of IFN-λs and IFN-α production by BDCA3$^+$ DCs and pDCs. First, the transcription factors required for full activation of IFN genes may differ according to the difference of DC subsets. The second possibility is that since type III IFN genes have multiple exons, they are potentially regulated by posttranscriptional mechanisms. Thus, it is possible that such genetic and/or posttranscriptional regulation is distinctively executed between BDCA3$^+$ DCs and pDCs. Comprehensive analysis of gene profiles downstream of TLRs or RIG-I in BDCA3$^+$ DCs should offer some information on this important issue.

BDCA3$^+$ DCs were found to be more sensitive to HCVcc than JEV or HSV in IL-28B/IFN-λ3 production. Such different strengths of IL-28B in BDCA3$^+$ DCs depending on the virus suggest that different receptors are involved in virus recognition. Again, the question arises of why BDCA3$^+$ DCs produce large amounts of IFN-λs compared to the amounts produced by pDCs in response to HCVcc. Considering that IRF-7 and NF-κB are involved in the transcription of the IL-28B gene, it is possible that BDCA3$^+$ DCs successfully activate both transcription factors upon HCVcc for maximizing IL-28B, whereas pDCs fail to do so. In support for this possibility, in pDCs it is reported that NF-κB is not properly activated upon HCVcc or hepatoma cell-derived HCV stimulations.[25]

In the present study we demonstrated that HCV entry into BDCA3$^+$ DCs through CD81 and subsequent endosome acidification are critically involved in IL-28B responses. Involvement of TRIF-dependent pathways in IL-28B production was shown by the significant inhibition of IL-28B with TRIF inhibitor. Nevertheless, active HCV replication in the cells is not required. Based on our data, we considered that BDCA3$^+$ DCs recognize HCV genome mainly by an endosome and TRIF-dependent mechanism. Although

the results with UV-irradiated HCVcc, anti-CD81 blocking Ab, and chloroquine were quite similar, the TRIF-specific inhibitor failed to suppress IL-28B from pDCs (Fig. 6, Fig. S9).

In the coculture with JFH-transfected Huh7.5.1 cells, BDCA3$^+$ DCs presumably receive some signals for IL-28B production by way of cell-to-cell dependent and independent mechanisms. In the present study, most of the stimuli to BDCA3$^+$ DCs for IL-28B production may be the released HCVcc from Huh7.5.1 cells, judging from the inability of suppression with transwells. However, a contribution of contact-dependent mechanisms cannot be excluded in the coculture experiments. HCV genome is transmissible from infected hepatocytes to uninfected ones through tight junction molecules, such as claudin-1 and occuludin. Further investigation is needed to clarify whether such cell-to-cell transmission of viral genome is operated or not in BDCA3$^+$ DCs.

The relationship between IL-28B expression and the induction of ISGs has been drawing much research attention. In primary human hepatocytes, it is reported that HCV primarily induces IFN-λ, instead of type-I IFNs, subsequently enhancing ISG expression.[7] Of particular interest is that the level of hepatic IFN-λs is closely correlated with the strength of ISG response.[26] These reports strongly suggest that hepatic IFN-λs are a crucial driver of ISG induction and subsequent HCV eradication. Besides, it is likely that BDCA3$^+$ DCs, as a bystander IFN-λ producer in the liver, have a significant impact on hepatic ISG induction. In support of this possibility, we demonstrated in this study that BDCA3$^+$ DCs are capable of producing large amounts of IFN-λs in response to HCV, thereby inducing ISGs in the coexisting liver cells.

Controversial results have been reported regarding the relationship between IL28B genotypes and the levels of IL-28 expression. Nevertheless, in chronic hepatitis C patients with IL-28B major genotype, the IL-28 transcripts in PBMCs are reported to be higher than those with minor genotype.[2] In this study, by focusing on a prominent IFN-λ producer (BDCA3$^+$ DCs) and using the assay specific for IL-28B, we showed that the subjects with IL-28B major genotype could respond to HCV by releasing more IL-28B. Of interest, such a superior capacity of BDCA3$^+$ DCs was observed only in response to HCV but not to poly IC. Since the pathways downstream of TLR3-TRIF leading to IL-28B in BDCA3$^+$ DCs should be the same, either HCV or poly IC stimulation, two plausible explanations exist for such a distinct IL-28B response. First, it is possible that distinct epigenetic regulation may be

involved in IL-28B gene according to the IL-28B genotypes. Recently, in influenza virus infection, it is reported that micro-RNA29 and DNA methyltransferase are involved in the cyclooxygenase-2-mediated enhancement of IL-29/IFN-λ1 production.[27] This report supports the possibility that similar epigenetic machineries could be operated as well in HCV-induced IFN-λs production. Second, it is plausible that the efficiency of the stimulation of TLR3-TRIF may be different between the IL-28B genotypes. Since HCV reaches endosome in BDCA3$^+$ DCs by way of the CD81-mediated entry and subsequent endocytosis pathways, the efficiencies of HCV handling and enzyme reactions in endosome may be influential in the subsequent TLR3-TRIF-dependent responses. Certain unknown factors regulating such process may be linked to the IL-28B genotypes. For a comprehensive understanding of the biological importance of IL-28B in HCV infection, such confounding factors, if they exist, need to be explored.

In conclusion, human BDCA3$^+$ DCs, having a tendency to accumulate in the liver, recognize HCV and produce large amounts of IFN-λs. An enhanced IL-28B/IFN-λ3 response of BDCA3$^+$ DCs to HCV in subjects with IL-28B major genotype suggests that BDCA3$^+$ DCs are one of the key players in anti-HCV innate immunity. An exploration of the molecular mechanisms of potent and specialized capacity of BDCA3$^+$ DCs as IFN-λ producer could provide useful information on the development of a natural adjuvant against HCV infection.

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REVIEW

Role of miR-122 and lipid metabolism in HCV infection

Takasuke Fukuhara · Yoshiharu Matsuura

Abstract Hepatitis C virus (HCV) exhibits a narrow host range and a specific tissue tropism. Mice expressing major entry receptors for HCV permit viral entry, and therefore the species tropism of HCV infection is considered to be reliant on the expression of the entry receptors. However, HCV receptor candidates are expressed and replication of HCV-RNA can be detected in several nonhepatic cell lines, suggesting that nonhepatic cells are also susceptible to HCV infection. Recently it was shown that the exogenous expression of a liver-specific microRNA, miR-122, facilitated the efficient replication of HCV not only in hepatic cell lines, including Hep3B and HepG2 cells, but also in nonhepatic cell lines, including Hec1B and HEK-293T cells, suggesting that miR-122 is required for the efficient replication of HCV in cultured cells. However, no infectious particle was detected in the nonhepatic cell lines, in spite of the efficient replication of HCV-RNA. In the nonhepatic cells, only small numbers of lipid droplets and low levels of very-low-density lipoprotein-associated proteins were observed compared with findings in the hepatic cell lines, suggesting that functional lipid metabolism participates in the assembly of HCV. Taken together, these findings indicate that miR-122 and functional lipid metabolism are involved in the tissue tropism of HCV infection. In this review, we would like to focus on the role of miR-122 and lipid metabolism in the cell tropism of HCV.

Introduction

More than 170 million individuals worldwide are chronically infected with hepatitis C virus (HCV), and the cirrhosis and hepatocellular carcinoma (HCC) induced by HCV infection are life-threatening diseases [1]. On the other hand, HCV infection sometimes induces extra-hepatic manifestations (EHM), including mixed cryoglobulinemia and non-Hodgkin lymphoma [2–5]. The mechanisms of the pathogenesis and cell tropism of HCV have not been fully elucidated yet owing to the lack of an appropriate infection model. Although chimpanzees are susceptible to HCV infection, the use of these animals to study experimental infection is ethically problematic, and no other animal model with susceptibility to HCV infection has been established [6]. Furthermore, robust in vitro HCV propagation has been limited to the combination of cell-culture-adapted clones based on the genotype 2a JFH1 strain (HCVcc) and human liver cancer-derived Huh7 cells [7, 8]. The expression of a liver-specific microRNA, miR-122, has been shown to dramatically enhance the translation and replication of HCV-RNA [9]. Recently, several reports have shown that the exogenous expression of miR-122 facilitates the efficient replication of viral RNA in several hepatic and nonhepatic cell lines [10–13]. Of note, the clinical application of a specific inhibitor of miR-122 to chronic hepatitis C patients is now in progress [14]. In addition, it has been shown that liver-specific expression of very-low-density lipoprotein (VLDL)-associated proteins is involved in the assembly of infectious HCV particles [15, 16]. This review will focus on the role of miR-122 expression and lipid metabolism in HCV infection.

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microRNA and virus infection

miRNAs were first identified by Lee et al. [17] and since that time a great number of miRNAs have been registered in the miRNA database. miRNA incorporated into RNA-induced silencing complex (RISC) interacts with a target mRNA via a specific recognition element. RISC contains argonaute 2 (Ago2), Dicer, and TAR RNA binding protein (TRBP) [18, 19]. In humans, Ago2 plays a pivotal role in the repression of translation of target genes [20]. It is now commonly believed that miRNAs play important roles in cell homeostasis, and that abnormality of miRNA expression participates in the development of several diseases, including viral infections [18, 19]. miRNAs encoded by Epstein–Barr virus (EBV) were identified in 2004 [4, 21], and over 200 viral miRNAs have been reported in several DNA viruses, especially in herpesviruses [22, 23]. Previous reports have shown that viral miRNAs participate in viral propagation by regulating the host gene expression [22, 23]. Many viral miRNAs suppress the host gene expression involved in innate and acquired immunities and enhance viral propagation [22, 24, 25]. Most RNA viruses replicate in the cytoplasm, and thus it had been believed that RNA viruses do not encode viral miRNAs. Rouha et al. [26] showed that an RNA virus, the tick-borne encephalitis virus, is capable of producing functional miRNA by the insertion of an miRNA element into viral RNA. Actually, it has been shown that virus-derived small RNAs emerge by infection with RNA viruses, including influenza virus and West Nile virus [27, 28]. These data suggest that both viral-encoded and host gene-derived miRNAs are involved in the regulation of viral propagation.

Liver-specific microRNA, miR-122

miR-122 is a liver-specific microRNA and is the microRNA most abundantly expressed in the liver [29–31]. Although Li et al. [32] have suggested that hepatocyte nuclear factor 4 alpha (HNF4A) positively regulates the expression of miR-122, the details on the tissue specificity of miR-122 expression have not been fully elucidated yet. miR-122 targets the 3′untranslated region (3′UTR) of the mRNAs of cytoplasmic polyadenylation element binding protein (CPEB), hemochromatosis (Hfe), hemojuverin (Hjv), disintegrin, and metalloprotease family 10 (ADAM10) and represses their translation [33–35]. miR-122 activates the translation of p53 mRNA through the suppression of CPEB and participates in cellular senescence [33]. Through the inhibition of Hfe and Hjv, miR-122 participates in iron metabolism [34]. Esau et al. [36] showed that miR-122 positively regulated lipid metabolism through the reduction of the mRNAs of lipid-associated

proteins, and that inhibition of miR-122 expression attenuated liver steatosis in high-fat-fed mice, suggesting that miR-122 may be an attractive therapeutic target for metabolic diseases. miR-122 has also been shown to be involved in the propagation of hepatitis viruses, including hepatitis B virus (HBV) and HCV [9, 37, 38]. Wang et al. [38] have revealed that miR-122 suppresses cyclin G1, and this factor is known to enhance the replication of HBV by inhibiting the binding of p53 to HBV enhancer elements. In other reports, a low level of miR-122 expression in plasma was significantly associated with the incidence of HBV-related HCC [39]. These results suggest that miR-122 expression inhibits the propagation and pathogenesis of HBV. On the other hand, miR-122 expression enhances the propagation of HCV through genetic interaction with the 5′UTR of the HCV genome [9]. It is interesting to note that the effects of miR-122 expression on viral propagation are different between HBV and HCV.

miR-122 expression and HCV infection (Fig. 1)

Jopling et al. [9] reported for the first time that the inhibition of miR-122 dramatically decreased RNA replication in HCV replicon cells harboring subgenomic (SGR) or fullgenomic (FGR) viral RNA. They identified the 21 nucleotide (nt) of the miR-122 binding site in the 5′ end of the 5′UTR of HCV RNA. In addition, lack of enhancement of HCV replication by the expression of a mutant miR-122 incapable of binding to the 5′UTR was canceled by the introduction of a complementary mutation in the 5′UTR, suggesting that direct interaction of miR-122 with the 5′UTR is crucial for the enhancement of HCV replication. In subsequent reports, they identified a second adjacent miR-122 binding site in the 5′UTR [40]. Furthermore, ectopic expression of the mutant miR-122 rescued the replication of an HCV RNA possessing mutations in both miR-122 binding sites, suggesting that the interaction of miR-122 with both sites in the 5′UTR is required to augment viral replication. In addition, Machlin et al. [41] have revealed that not only the seed sequence but also nucleotides located at the positions of 15 and 16 in miR-122 are required for the enhancement of HCV replication. Interestingly, nucleotides 15 and 16 are not required for the conventional microRNA function of miR-122, suggesting that the conventional machinery of miR-122 is not involved in the miR-122-dependent enhancement of HCV replication. A recent study showed that the interaction of miR-122 with the 5′UTR of HCV was also required for the efficient production of infectious particles in cell culture [42].

Although the precise mechanisms of the miR-122-mediated enhancement of HCV replication have not been
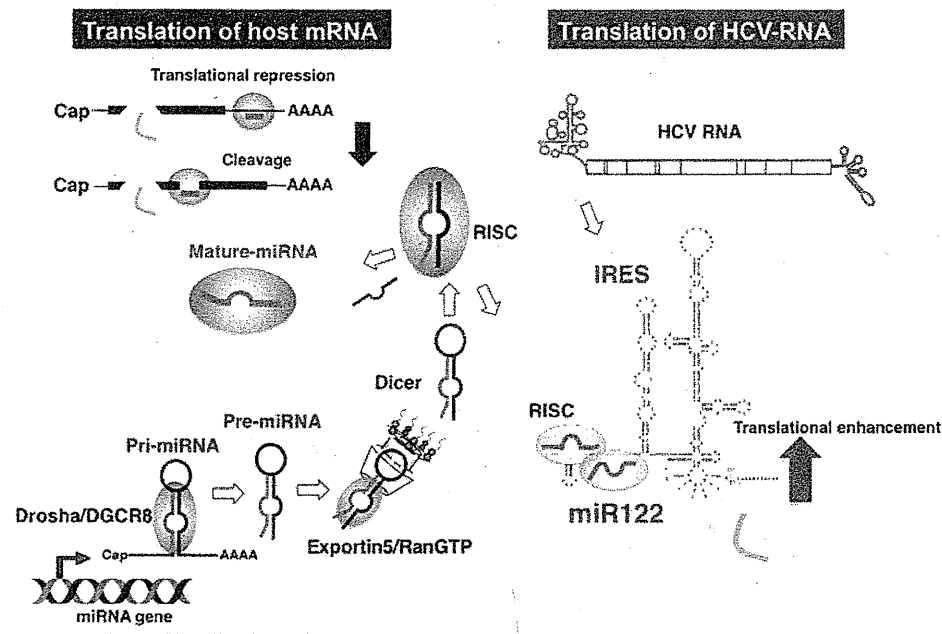
Fig. 1 miR-122 enhances the translation of hepatitis C virus (*HCV*) RNA. Primary miRNA (*pri-miRNA*) transcribed by RNA polymerase II in the nucleus is processed into precursor miRNA (*pre-miRNA*) by Drosha and DiGeorge syndrome critical region protein 8 (*DGCR8*). Pre-miRNA is exported into the cytoplasm by nucleocytoplasmic shuttle protein exportin 5, processed to 22nt by dicer, and then incorporated into argonaute proteins to form the RNA-induced silencing complex (*RISC*). The passenger strand of miRNA (*blue*) is degraded and the guide strand (*red*) is matured in the RISC. Generally, miRNA represses the translation of host mRNA by binding to its 3′untranslated region (3′UTR). In contrast, liver-specific miR-122 binds to two sites in the 5′UTR of the HCV genome and enhances its translation and replication. *GTP* Guanosine-5-triphosphate, *IRES* internal ribosomal entry site

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

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

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

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

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

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

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

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

Viral assembly in nonhepatic cells

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

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

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

Tropism of HCV infection

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

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

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

	Hepatocytes	Nonhepatic cells
	Cirrhosis HCC	Malignant lymphoma Autoimmune diseases
Receptor	+	+
Entry	+	+
miR-122	++	-
Replication	++	+
Pathogenesis	++	+
Lipid metabolism	++	-
Dissemination	++	-

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

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

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

Conclusion

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

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

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