

performed. Especially, further investigation is needed to clarify the relationship between the change in hepatitis B surface antigen levels during treatment and HCC incidence in patients with HBV infection.

In conclusion, in the consecutive surveillance for HCC after the initiation of ETV treatment, monitoring the change in AFP levels at 24 weeks is essential, especially among patients of advanced age or with cirrhosis.

Acknowledgments The authors thank Atsuo Inoue (Osaka General Medical Center), Masami Inada (Toyonaka Municipal Hospital), Ikuo Suzuki (Saiseikai Semri Hospital), Akira Takeda (Ashiya Municipal Hospital), Hiroyuki Ogawa (Nishinomiya Municipal Central Hospital), Mitsunari Yamamoto (Kinki Central Hospital of Mutual Aid Association of Public School Teachers, Itami, Hyogo, Japan), and Yukiko Saji (Itami City Hospital) for their support. This work was supported by a Grant-in-Aid for Research on Hepatitis from the Ministry of Health Labour and Welfare of Japan, and a Grant-in-Aid for Scientific Research from the Ministry of Education, Science, and Culture of Japan.

Conflict of interest Professor Tetsuo Takehara received research grants from Merck Sharp and Dohme K.K. Co., Ltd., Chugai Pharmaceutical Co., Ltd. and Bristol Myers Squibb. The other authors have nothing to disclose.

References

1. Yim HJ, Lok AS. Natural history of chronic hepatitis B virus infection: what we knew in 1981 and what we know in 2005. *Hepatology*. 2006;43(2 Suppl 1):S173–81.
2. Fattovich G, Bortolotti F, Donato F. Natural history of chronic hepatitis B: special emphasis on disease progression and prognostic factors. *J Hepatol*. 2008;48(2):335–52.
3. Hoofnagle JH, Doo E, Liang TJ, et al. Management of hepatitis B: summary of a clinical research workshop. *Hepatology*. 2007;45(4):1056–75.
4. Sherman M. Epidemiology of hepatocellular carcinoma. *Oncology*. 2010;78(Suppl 1):7–10.
5. Umemura T, Ichijo T, Yoshizawa K, et al. Epidemiology of hepatocellular carcinoma in Japan. *J Gastroenterol*. 2009;44(Suppl 19):102–7.
6. Lai CL, Shouval D, Lok AS, et al. Entecavir versus lamivudine for patients with HBeAg-negative chronic hepatitis B. *N Engl J Med*. 2006;354(10):1011–20.
7. Chang TT, Gish RG, de Man R, et al. A comparison of entecavir and lamivudine for HBeAg-positive chronic hepatitis B. *N Engl J Med*. 2006;354(10):1001–10.
8. Ono A, Suzuki F, Kawamura Y, et al. Long-term continuous entecavir therapy in nucleos(t)ide-naïve chronic hepatitis B patients. *J Hepatol*. 2012;57(3):508–14.
9. Tenney DJ, Rose RE, Baldick CJ, et al. Long-term monitoring shows hepatitis B virus resistance to entecavir in nucleoside-naïve patients is rare through 5 years of therapy. *Hepatology*. 2009;49(5):1503–14.
10. Liaw YF, Sung JJ, Chow WC, et al. Lamivudine for patients with chronic hepatitis B and advanced liver disease. *N Engl J Med*. 2004;351(15):1521–31.
11. Di Marco V, Marzano A, Lampertico P, et al. Clinical outcome of HBeAg-negative chronic hepatitis B in relation to virological response to lamivudine. *Hepatology*. 2004;40(4):883–91.
12. Matsumoto A, Tanaka E, Rokuhara A, et al. Efficacy of lamivudine for preventing hepatocellular carcinoma in chronic hepatitis B: a multicenter retrospective study of 2795 patients. *Hepatol Res*. 2005;32(3):173–84.
13. Kurokawa M, Hiramatsu N, Oze T, et al. Long-term effect of lamivudine treatment on the incidence of hepatocellular carcinoma in patients with hepatitis B virus infection. *J Gastroenterol*. 2012;47(5):577–85.
14. McMahon BJ. The natural history of chronic hepatitis B virus infection. *Hepatology*. 2009;49(5 Suppl):S45–55.
15. Chen CJ, Yang HI, Su J, et al. Risk of hepatocellular carcinoma across a biological gradient of serum hepatitis B virus DNA level. *JAMA*. 2006;295(1):65–73.
16. Lin SM, Yu ML, Lee CM, et al. Interferon therapy in HBeAg positive chronic hepatitis reduces progression to cirrhosis and hepatocellular carcinoma. *J Hepatol*. 2007;46(1):45–52.
17. Lok AS, McMahon BJ. Chronic hepatitis B: update 2009. *Hepatology*. 2009;50(3):661–2.
18. Tseng KC, Chen CY, Tsai HW, et al. Efficacy of entecavir in chronic hepatitis B patients with persistently normal alanine aminotransferase: randomized, double-blind, placebo-controlled study. *Antivir Ther*. 2014. doi:10.3851/IMP2754.
19. Hosaka T, Suzuki F, Kobayashi M, et al. Long-term entecavir treatment reduces hepatocellular carcinoma incidence in patients with hepatitis B virus infection. *Hepatology*. 2013;58(1):98–107.
20. Wong GL, Chan HL, Mak CW, et al. Entecavir treatment reduces hepatic events and deaths in chronic hepatitis B patients with liver cirrhosis. *Hepatology*. 2013;58(5):1537–47.
21. Rokuhara A, Tanaka E, Matsumoto A, et al. Clinical evaluation of a new enzyme immunoassay for hepatitis B virus core-related antigen; a marker distinct from viral DNA for monitoring lamivudine treatment. *J Viral Hepat*. 2003;10(4):324–30.
22. Werle-Lapostolle B, Bowden S, Locarnini S, et al. Persistence of cccDNA during the natural history of chronic hepatitis B and decline during adefovir dipivoxil therapy. *Gastroenterology*. 2004;126(7):1750–8.
23. Di Bisceglie AM, Hoofnagle JH. Elevations in serum alpha-fetoprotein levels in patients with chronic hepatitis B. *Cancer*. 1989;64(10):2117–20.
24. Kobashi H, Miyake Y, Ikeda F, et al. Long-term outcome and hepatocellular carcinoma development in chronic hepatitis B or cirrhosis patients after nucleoside analog treatment with entecavir or lamivudine. *Hepatol Res*. 2011;41(5):405–16.
25. Wong GL, Chan HL, Tse YK, et al. On-treatment alpha-fetoprotein is a specific tumor marker for hepatocellular carcinoma in patients with chronic hepatitis B receiving entecavir. *Hepatology*. 2014;59(3):986–95.
26. Oze T, Hiramatsu N, Yakushijin T, et al. Post-treatment levels of alpha-fetoprotein predict incidence of hepatocellular carcinoma after interferon therapy. *Clin Gastroenterol Hepatol*. 2014;12(7):1186–95.
27. Asahina Y, Tsuchiya K, Nishimura T, et al. Alpha-fetoprotein levels after interferon therapy and risk of hepatocarcinogenesis in chronic hepatitis C. *Hepatology*. 2013;58(4):1253–62.
28. Yamamoto M, Tatsumi T, Miyagi T, et al. Alpha-fetoprotein impairs activation of natural killer cells by inhibiting the function of dendritic cells. *Clin Exp Immunol*. 2011;165(2):211–9.

1 **Successful Generation of Hepatitis B virus (HBV) Pseudotype Particle; a versatile**
2 **tool for Identification of the HBV Receptor and Investigation of HBV infectivity**

3

4 Keiji Ueda^{1,*}, Hiroko Omori².

5 ¹Division of Virology, Department of Microbiology and Immunology,

6 Osaka University Graduate School of Medicine, 2-2 Yamada-oka, Suita, Osaka

7 565-0871, Japan. ²Institute for Microbial Diseases, Osaka University. 3-1

8 Yamada-oka, Suita, Osaka 565-0871, Japan.

9

10

11

12

13 *Corresponding author. Mailing address: Division of Virology, Department of

14 Microbiology and Immunology, Osaka University Graduate School of Medicine, 2-2

15 Yamada-oka, Suita, Osaka 565-0871, Japan. Phone: +81-6-6879-3780. Fax:

16 +81-6-6879-3789. E-maill: kueda@virus.med.osaka-u.ac.jp.

17

18 **Abstract**

19

20 It is near a half century since hepatitis B virus (HBV) was identified. HBV
21 receptor molecules and the entry mechanism of HBV into hepatocytes have not been
22 elucidated completely, though there are some reports on infection systems and on the
23 receptor molecules. Thus, we still have not reached finding a real HBV receptor and
24 there have been no useful and convenient infection system in vitro and in vivo for HBV,
25 which makes it impossible for us to understand a precise HBV life cycle and HBV
26 involved related diseases. An HBV infection system is really needed to explore ways
27 and means of treatment of HBV related diseases based on evidence as well. Here, we
28 designed and tried to generate an HBV pseudotype, which has a viral particle containing
29 a retrovirus capsid and a genome inside surrounded by HBV membrane proteins. We
30 proved successful generation of this pseudotype by immunoprecipitation with
31 anti-HBVs antibodies and by CsCl density gradient ultracentrifugation, followed by
32 RT-PCR targeting a retroviral gene, an *EGFP* gene in this case, respectively. Though
33 our established system is constructed on growth dependent integration of retroviral

34 genomes and thus was very hard to observe its infection in a primary human
35 hepatocytes culture system, successful generation of the HBV pseudotype will make it
36 possible for us to perform a biological assay to clone an HBV receptor based on
37 infectivity and will facilitate its separation and identification.

38

39

40 Key words; HBV, pseudotype, infection

41

42 **Introduction**

43

44 It has been near half a century, since hepatitis B virus (HBV) was identified
45 by Blumberg [1]. Though treatment of chronic hepatitis B with interferons has been
46 continued and nucleotide analogs, most of which were explored as anti-HIV agents, and
47 prevention against HBV infection by vaccination has been developed, HBV infected
48 patients yet reach three hundreds and fifty million people worldwide [2]. Thus, HBV
49 infection has not been controlled and one of the biggest viral infections in the world.

50 There are several animal models; avian hepatitis B viruses such as duck
51 hepatitis B virus (DHBV) and heron hepatitis B virus (HHBV), rodent hepatitis B
52 viruses such as ground squirrel hepatitis virus (GSHV) and woodchuck hepatitis virus
53 (WHV) [2; 3]. HBV shows highly species specific spectrum for its infection and can
54 infect only primates and amplify mainly in parenchymal hepatocytes, but never infects
55 the other animals including mice [2; 4]. Furthermore, even human
56 hepatocyte-originated hepatocellular carcinoma cell lines such as HepG2, HuH7, HuH6,
57 Hep3B and so on never permit HBV infection, or extremely limited even if possible,

58 though there are some reports about in vitro infection of HBV to HepG2 [5; 6].

59 As HBV infection systems, human normal hepatocytes and a human
60 hepatocellular carcinoma originated cell line have been available on the commercial
61 base [7; 8] and uPA/SCID mice with human hepatocytes have been developed [9; 10;
62 11]. These systems are very useful for HBV and hepatitis C virus (HCV) research
63 indeed but they are very expensive and inconvenient for daily HBV research. Thus,
64 there is still a high hurdle to expand knowledge about HBV.

65 Actually, many studies about HBV and its related diseases such as acute and
66 chronic hepatitis, cirrhosis and hepatocellular carcinoma have been performed so far
67 [12; 13; 14; 15]. Such studies, however, were very limited because of absence of a
68 useful and convenient *in vitro* infection system for HBV as mentioned. In order to
69 overcome such a big problem, we need very useful, convenient and inexpensive systems
70 for HBV infection to understand a true HBV life cycle and pathogenesis of HBV related
71 diseases, and then to develop specific drugs and means to treat such diseases.

72 Identification of an HBV receptor is indispensable to establish *in vitro* and *in*
73 *vivo* or a convenient animal infection model. Information on the HBV receptor has

74 been reported, including non-human hepadnaviruses such as duck hepatitis B virus [16;
75 17; 18] and such seems not to be a real and complete HBV receptor, and has not reached
76 establishing an HBV infection system in culture system. HBV can infect primary
77 hepatocytes for sure whose preparation is still troublesome, and although there are
78 several human hepatocytes originated hepatocellular carcinoma cell lines as noted, we
79 do not know why such cell lines becomes insusceptible to HBV infection, which might
80 mean that differentiation status of hepatocyte could be critical for the expression and/or
81 the activity of an HBV receptor [19; 20].

82 It should be very difficult to identify an HBV receptor and thus we must
83 design a revolutionary method for the identification. Pseudotype viruses could be very
84 useful not only to transfer and express some genes exogenously but also to monitor their
85 infectivity [21]. VSV-G based pseudotype containing retroviral vectors and lentiviral
86 VSV-G pseudotype vectors have been proved to be extremely useful to transduce
87 heterologous genes into cells and in case of the latter [22; 23], even into resting cells
88 such as well-differentiated neuronal cells [24]. On the other hand, specific viral
89 enveloped pseudotype viruses could be helpful to test what kinds of cells and how such

90 viruses can infect. Though HCV pseudotype particles (HCVpp), in which lentiviral
91 capsids are enveloped by HCV membrane proteins, has been successfully generated and
92 utilized without any knowledge of viral particle maturation and egress [25]. Thus, the
93 bottleneck is dependent on whether such pseudotype particles really can be generated or
94 not.

95 Here, we challenged to develop HBV pseudotype particles (HBVpp), which
96 consist of HBV membrane particles outside and murine leukemia virus (MLV)
97 originated capsids and genomes insides. Therein, we prepared a packaging cell system,
98 where the cells produce MLV gag-pol fusion polypeptides and a retroviral genome
99 containing an *EGFP* gene and a hygromycin resistant gene (*hyg^R*) in addition to murine
100 leukemia virus packaging signal ψ . Pantropic retroviruses with vesicular stomatitis
101 virus G proteins were successfully generated in our generated packaging system and
102 infected the other cell lines, meaning that the packaging cell lines were practicable.
103 Introducing an HBV membrane protein expression vector into the packaging cells,
104 which expresses three HBV membrane proteins, large S (LS), middle S (MS) and small
105 S (SS) enabled release of particles enveloped by HBV membrane proteins.

106 Immunoprecipitation with anti-S antibodies followed by RNA extraction and reverse
107 transcription-polymerase chain reaction (RT-PCR) targeted the *EGFP* gene revealed the
108 designed retroviral genome inside. Physico-chemical studies using CsCl-density
109 gradient ultracentrifugation followed by RNA extraction and RT-PCR targeted the
110 *EGFP* gene also revealed that the particles focused around 1.22~1.25 g/ml density zone,
111 which was consistent with the HBV particle density, and the retroviral genomes were
112 inside.

113 Successful formation of an HBVpp seems to be very useful and practical for
114 identification of an HBV receptor since we are able to establish an assay system based
115 on the viral infectivity by using versatile cell culture systems, though our system is an
116 MLV based packaging system, which depends on cell growth for their integration.

117

118 **Materials and Methods**

119

120 **Cells.**

121

122 HEK293, a human embryonic kidney cell line, and its derivatives, GP2-293

123 (Clontech-Takara Bio), in which an MMLV gag-pol gene was stably integrated for its

124 expression, were maintained in Dulbecco's modified essential medium (DMEM)

125 (nakalai tesque) supplemented with 10 IU/ml penicillin G, 10 µg/ml streptomycin and

126 10 % fetal bovine serum (FBS), and BC3, a human primary effusion lymphoma [5] cell

127 line in RPMI1640 (nakalai tesque) supplemented with the same antibiotics and 20 %

128 fetal bovine serum. All cells were cultured in 5 % CO₂ atmosphere. For the

129 selection, hygromycin B (Wako Chemicals Japan) was added into each medium at 0.5

130 mg/ml.

131

132 **Plasmids.**

133

134 A retroviral expression vector, pHyTc-GFP was consisted of 5' and 3' LTR, a
135 ψ packaging signal, a hygromycin resistant gene (*hyg^R*) at the gag-pol position, the
136 cytomegalovirus (CMV) enhancer-promoter region followed by an *EGFP* gene from
137 pEGFP C1 (Clontech) at the env position (see Fig. 1 A). pCEP4 LS-S was an HBV
138 membrane protein expression vector and contained BstEII to EcoRV fragment of the
139 cloned HBV DNA subtype adw2 (Accession No. X02763.1, GI: 59418) at a PvuII site
140 of pCEP4 vector (Invitrogen).

141

142 **Transfection and establishment of packaging cell lines.**

143

144 pHyTc-GFP was transfected to GP2-293 cells (Clontech-Takara Bio) with a
145 transfection reagent, TransIT LT1 (Takara Bio) according to manufacturer's direction.
146 Two days after transfection, the cells were selected in 0.5 mg/ml hygromycin B (Wako
147 Chemicals, Japan) containing DMEM with supplements mentioned above. Several
148 colonies with GFP-positive signals were isolated with a penicillin ring and propagated.
149 To check their packaging activity, a VSV-G expression vector (Clontech) was

150 transfected to the isolated clones and the culture medium was harvested three days
151 post-transfection. The medium was passed through a 0.22 μm filter unit (Millex®,
152 Millipore) and stored at 4° C until use. 2×10^5 BC3 cells or HEK293 were prepared in
153 a 6-well plate and the virus containing medium was contacted with them for 4 hours.
154 The medium was withdrawn and incubated for two days in the DMEM for HEK293 and
155 RPMI1640 for BC3 supplemented with antibiotics and FBS as mentioned above.
156 Then, the medium changed to hygromycin B containing one as above and GFP-positive
157 colonies were counted and the best clone was maintained for further experiment. The
158 established packaging cell lines were termed gfp/GP2.

159 To generate HBV pseudotype particles (HBVpp), the established packaging
160 cell line, gfp/GP2 was transfected with the pCEP4 LS-S expression vector with TransIT
161 LT1 (Takara Bio) as mentioned. Two days after transfection, the supernatant was
162 harvested and passed through a 0.22 μm filter as mentioned.

163

164 **Immunoprecipitation and Western blotting analysis.**

165

166 Supernatant from pCEP4 LS-S transfected gfp/293GP2 cells was adjusted at
167 0.3M NaCl and incubated with goat polyclonal anti-HBs antibodies (Austral
168 Biologicals) at 4 °C overnight. Then the supernatant was added 20 µl protein G
169 Sepharose® (GE Healthcare) and incubated for 20 min at RT. The complex was
170 pelleted and washed with sodium phosphate buffer (50mM Na-phosphate pH 7.8, 0.3M
171 NaCl) three times. Finally, half of the pellet was suspended in sample buffer (5mM
172 2-mercaptoethanol, 5% SDS, 0.3% bromophenol blue, 10% glycerol) and an aliquot
173 was subjected to SDS-PAGE followed by Western blotting analysis using a mouse
174 monoclonal antibody against HBsAg (HBs mAb #7-2).

175

176 **CsCl density gradient ultracentrifugation and Enzyme-linked immunosorbent**
177 **assay (ELISA) for HBs and preS1.**

178

179 The culture medium of pCEP4 LS-S transfected gfp/GP2 cells was harvested
180 as above and was added 30% polyethyleneglycol (PEG6000, nakalai tesque)-3M NaCl
181 at 5% PEG and 0.5M NaCl of final concentration. This solution was stood at 4°C

182 more than half an hour and then centrifuged at $10,000 \times g$ for 30 min at 4°C . The
183 precipitate was suspended in $500\mu\text{l}$ 10mM Tris-HCl, pH 7.6- 100mM NaCl- 1mM EDTA
184 (TNE) solution and clarified insoluble materials. The soluble fraction was loaded at
185 the top of CsCl gradient solution (39F $350\mu\text{l}$, 35F $2500\mu\text{l}$, 31F $250\mu\text{l}$, 27F $250\mu\text{l}$, 23F
186 $250\mu\text{l}$, 19F $250\mu\text{l}$ and 15F $150\mu\text{l}$ from the bottom, F; CsCl percentage in weight) and
187 centrifuged at $50,000\text{ rpm}$ at 10°C for 30 hours using a Beckman Ti55 rotor and
188 Optima® TLX ultracentrifuge (Beckman). After the centrifugation, eighteen fractions
189 were taken from the top by the $120\mu\text{l}$. An aliquot (about $10\mu\text{l}$) from each fraction
190 was diluted with $90\mu\text{l}$ PBS and subjected to ELISA using HBs Antigen (HBsAg)
191 Quantitative ELISA Kit Rapid II® for HBs and HBV PreS1 Antigen Quantitative Kit®
192 (Beakle Inc., Japan) for preS1, respectively, according to the manufacturer's direction.
193 Forty microliter of the aliquot was subjected to RNA extraction followed by RT-PCR
194 targeting an *EGFP* gene (see below).

195

196 **Detection of a retrovirus gene in the particle by RT-PCR.**

197

198 The supernatant from pCEP4 LS-S transfected gfp/GP2 cells was adjusted at
199 0.3M NaCl was incubated either with goat polyclonal anti-HBs antibodies (1µg/ml)
200 (Austral Biologicals) or rabbit anti-VSV-G antibodies (1µg/ml) (MBL) at 4°C overnight.
201 This mixture then incubated with 20 µl protein-G Sepharose® (GE Healthcare) for 20
202 min at RT. The complex was pelleted and washed with sodium phosphate buffer
203 (50mM Na-phosphate pH 7.8, 0.3M NaCl) three times. The final pellet and 40 µl from
204 each fraction of CsCl density gradient ultracentrifugation as mentioned above was
205 added 200µl or 160 µl TNE, respectively, and 2 µl 10 % SDS and incubated with 20 µg
206 Protainase K (Roche) at 56 °C overnight, respectively. The solution was extracted
207 with phenol-chloroform-isoamylalcohol (24 : 24 : 1) and precipitated with ethanol with
208 10 µg yeast tRNA by centrifugation at 10, 000 × g at 4 °C for 10 min. The precipitate
209 was rinsed with 70 % ethanol and dried and suspended 20 µl TE (10 mM Tris-HCl pH
210 7.6, 1 mM EDTA).

211 5 µl of the preparation was subjected to reverse transcription reaction by using
212 first strand synthesis kit (Transcriptor First Stand cDNA Synthesis Kit®, Roche)
213 according to the manufacturer's direction. This reaction was stopped with

214 phenol-chloroform-isoamylalcohol (24: 24: 1) extraction followed by ethanol
215 precipitation with 10 µg yeast tRNA as mentioned above. Finally, the dried pellet was
216 suspended in 20 µl TE. Either 5 µl out of 20 µl cDNA sample or 5 µl of RNA
217 preparation sample was constituted in PCR using an EGFP 5' primer;
218 5'-ACGGCAACATCCTGGGGCACAAGC-3', and an EGFP 1327RV primer;
219 5'-TGTACAGCTCGTCCATGCCGAGAG-3' and Ex Taq® DNA polymerase (Takara
220 Bio) according to the manufacturer's direction. The PCR condition was 96°C for 30
221 sec, 54°C for 30 sec, and 72°C for 1 min with 35 cycles. One forth of the reaction (5
222 µl) was run in the 2 % agarose gel electrophoresis stained with ethidium bromide. A
223 digital image of the DNA was obtained using a fluorescent imager (FX-800®, BioRad).

224

225 **Electron microscopy.**

226

227 Cells were cultured on a polystyrene cover slip, Cell Desk (Sumitomo Bakelite Co.,
228 Ltd., Japan), fixed with 2% formaldehyde and 2.5% glutaraldehyde in 0.1M
229 sodium-cacodylate buffer (pH7.4) and washed for 5 min three times in the same buffer.

230 Cells were post-fixed for 1hr with 1% osmium tetroxide and 0.5% potassium
231 ferrocyanide in 0.1 M sodium-cacodylate buffer (pH7.4), dehydrated in graded series of
232 ethanol and embedded in Epon812® (TAAB Co. Ltd., UK). 80 nm ultra thin sections
233 were stained with saturated uranyl acetate and lead citrate solution. Electron
234 micrographs were obtained with a JEM-1011® transmission electron microscope (JEOL,
235 Japan).

236

237 **Results**

238

239 **Establishment of HBV psuedotype packaging cells.**

240

241 We utilized a murine leukemia virus (MLV) packaging system since
242 considering *in vitro* use for biological cloning of an HBV receptor in cultured cell lines
243 based on infectivity and for checking infectivity of HBV with ease afterwards, even
244 though mature hepatocytes have a limited growth activity *in vitro*. Retroviral genomes
245 are integrated into host genome after reverse-transcribed only in growing cells except
246 those of lentiviruses, which were utilized in a previous report [24]. Thus, the
247 packaging design was a commonly used retrovirus packaging system consisting of
248 5'-LTR-packaging signal (Ψ)-hyg^R-CMV IE promoter-GFP-LTR-3' (Fig. 1A). This
249 construct was integrated into a retrovirus gag-pol expressing GP2-293 cell line
250 (Clontech), the cell line of which was termed gfp/GP2 (Fig. 1B). Thus, the transcribed
251 RNA genome was packaged into MLV capsids. We attempted that upon envelope
252 expression and processing, the capsids would be incorporated into enveloped particles

253 and secreted. If HBV membrane proteins could envelope the retroviral capsid, HBV
254 pseudotype particles (HBVpp) would be formed (Fig. 1C).

255 In order to confirm whether the established packaging cell lines were
256 available or not, we transfected to the cells with a VSV-G expression vector (Takara
257 Bio Clontech) to form a VSV-G pseudotype (in case, this pseudotype is called a
258 pantropic retrovirus) and its infectivity. If the packaging cell lines were available,
259 so-called pseudotype retroviruses wrapped by VSV-G envelope would be generated and
260 secreted into the culture medium. Thus, the supernatant of the VSV-G expressing
261 packaging cells was contacted with BC3, a primary effusion lymphoma cell line or with
262 the other cell lines. Two days after the contact, the infected BC3 cells were selected
263 with a hygromycin B containing medium and we observed that hygromycin B resistant
264 cells were growing and such cells showed GFP positive signals (Data not shown).
265 Several cell lines including HeG2, HuH7, and HEK293 cells were effectively infected
266 with the VSV-G pseudotype retrovirus. These results showed that the packaging
267 system was functional and termed *gfp/GP2*.

268

269 **Expression of HBV envelope genes.**

270

271 There are three envelope genes termed large S (LS), middle S (MS) and small

272 S (SS, also called simply HBs) (Fig. 2A) [2; 26]. Each gene is independently

273 transcribed but the coding regions are overlapped. We constructed an HBV membrane

274 protein expression vector termed pCEP4 LS-S under CMV immediate early enhancer

275 and promoter (CMV IEp) in the pCEP4 expression vector (Invitrogen) (Fig. 2B). We

276 were afraid that such strong enhancer and promoter just upstream the LS gene

277 preferentially might drive mainly the LS gene expression, because a balance among

278 HBV envelope proteins affected secretion activity of the virus particles [27].

279 Transfected cells with the pCEP4 LS-S, however, expressed generally all kinds of HBV

280 envelope genes as reported (Fig. 2C) [28].

281

282 **Formation and secretion of HBV pseudotype particles into medium.**

283