



Structural and functional characterization of the single-chain Fv fragment from a unique HCV E1E2-specific monoclonal antibody

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ABSTRACT

The nucleotide sequence of the unique neutralizing monoclonal antibody D32.10 raised against a conserved conformational epitope shared between E1 and E2 on the serum-derived hepatitis C virus (HCV) envelope was determined. Subsequently, the recombinant single-chain Fv fragment (scFv) was cloned and expressed in *Escherichia coli*, and its molecular characterization was assessed using multi-angle laser light scattering. The scFv mimicked the antibody in binding to the native serum-derived HCV particles from patients, as well as to envelope E1E2 complexes and E1, E2 glycoproteins carrying the viral epitope. The scFv D32.10 competed with the parental IgG for binding to antigen, and therefore could be a promising candidate for therapeutics and diagnostics.

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1. Introduction

Hepatitis C virus (HCV) infects an estimated 2–3% of the world population and is a major cause of chronic liver disease. The majority (80%) of infected individuals progress to chronic hepatitis that

increases their risk for developing cirrhosis and hepatocellular carcinoma [1]. The standard of care (SOC) therapy for chronic infection uses a combination of pegylated interferon- α (PEG-IFN) and ribavirin (RBV), which is effective in only 50% of treated patients infected and has many side effects. Two new direct-acting antivirals (DAAs) targeting the virus protease NS3 have recently been approved for triple therapy with PEG-IFN and RBV to improve success rates and to shorten treatment [2]. This approach to treatment still suffers a number of drawbacks: regimen restricted to patients with genotype 1, and increased rate of adverse effects. There is therefore a pressing need to develop alternative anti-HCV therapies, particularly in the arena of prophylactic or therapeutic vaccines. The observation that some HCV-infected individuals (20%) can resolve spontaneously infection with virus-specific immune responses [3] has spurred interest in the potential of HCV vaccines, but as yet no such vaccine exists. Progress toward this goal has been hampered by a number of factors, in particular the extreme genetic diversity of HCV (six major genotypes and more than 50 subtypes) [4]. Therefore, identification of protective conserved immune epitopes of the virus is essential for understanding the role of neutralizing responses in disease pathogenesis, and for developing

Abbreviations: CDR, complementarity-determining region; DAAs, direct-acting antivirals; ELISA, enzyme-linked immunosorbent assay; FR, framework region; GT, genotype; HCV, hepatitis C virus; HCVsp, serum-derived HCV particles; HRP, horseradish peroxidase; IgG, immunoglobulin G; IMAC, immobilized metal affinity chromatography; IPTG, isopropylthio- β -galactoside; LB medium, Leibovitz medium; mAb, monoclonal antibody; MALLS, multi-angle laser light scattering; NDSB, 3-(1-pyridino)-1-propanesulfonates; NR, non-reducing; PCR, polymerase chain reaction; PEG-IFN, pegylated interferon- α ; PVDF, polyvinylidene difluoride; RBV, ribavirin; R, reducing; scFv, single chain antibody fragment; SDS-PAGE, sodium dodecylsulfate–polyacrylamide gel electrophoresis; SOC, standard of care; TBS, Tris buffer saline; V_H, heavy chain variable region; V_L, light chain variable region

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