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Identification of host genes showing differential expression profiles with cell-based long-term replication of hepatitis C virus RNA

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ABSTRACT

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Keywords: HCV HCV RNA replication system Li23 cells Long-term RNA replication Upregulated host genes Downregulated host genes Persistent hepatitis C virus (HCV) infection frequently causes hepatocellular carcinoma. However, the mechanisms of HCV-associated hepatocarcinogenesis and disease progression are unclear. Although the human hepatoma cell line, HuH-7, has been widely used as the only cell culture system for robust HCV replication, we recently developed new human hepatoma Li23 cell line-derived OL, OL8, OL11, and OL14 cells, in which genome-length HCV RNA (O strain of genotype 1b) efficiently replicates. OL, OL8, OL11, and OL14 cells were cultured for more than 2 years. We prepared cured cells from OL8 and OL11 cells by interferon-γ treatment. The cured cells were also cultured for more than 2 years. cDNA microarray and RT-PCR analyses were performed using total RNAs prepared from these cells. We first selected several hundred highly or moderately expressed probes, the expression levels of which were upregulated or downregulated at ratios of more than 2 or less than 0.5 in each set of compared cells (e.g., parent OL8 cells versus OL8 cells cultured for 2 years). From among these probes, we next selected those whose expression levels commonly changed during a 2-year culture of genome-length HCV RNA-replicating cells, but which did not change during a 2-year culture period in cured cells. We further examined the expression levels of the selected candidate genes by RT-PCR analysis using additional specimens from the cells cultured for 3.5 years. Reproducibility of the RT-PCR analysis using specimens from recultured cells was also confirmed. Finally, we identified 5 upregulated genes and 4 downregulated genes, the expression levels of which were irreversibly altered during 3.5-year replication of HCV RNA. These genes may play roles in the optimization of the environment in HCV RNA replication, or may play key roles in the progression of HCV-associated hepatic diseases.

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1. Introduction

Hepatitis C virus (HCV) is a causative agent of chronic hepatitis, which progresses to liver cirrhosis and hepatocellular carcinoma (HCC) (Choo et al., 1989; Saito et al., 1990; Thomas, 2000). However, the mechanisms of HCV-associated hepatocarcinogenesis and disease progression are still unclear. HCV is an enveloped virus with a positive single-stranded 9.6 kb RNA genome, which encodes a large polyprotein precursor of approximately 3000 amino acid residues. This polyprotein is cleaved by a combination of the host and viral proteases into at least 10 proteins in the following order: Core, envelope 1 (E1), E2, p7, nonstructural protein 2 (NS2), NS3, NS4A, NS4B, NS5A, and NS5B (Hijikata et al., 1991, 1993; Kato et al., 1990).

The initial development of a cell culture-based replicon system (Lohmann et al., 1999) and a genome-length HCV RNA-replication system (Ikeda et al., 2002) using genotype 1b strains enabled the rapid progression of investigations into the mechanisms underlying HCV replication (Bartenschlager, 2005; Lindenbach and Rice, 2005). Furthermore, these RNA replication systems have been improved such that they have become suitable for the screening of anti-HCV reagents by the introduction of reporter genes such as luciferase (Ikeda et al., 2005; Krieger et al., 2001). Moreover, in 2005, an efficient virus production system using the JFH1 genotype 2a strain was developed using human hepatoma cell line HuH-7-derived cells (Wakita et al., 2005). However, to date, HuH-7-derived cells are used as the only cell culture



Abbreviations: HCV, hepatitis C virus; HCC, hepatocellular carcinoma; E1, envelope 1; EGF, epidermal growth factor; RT-PCR, reverse transcription-polymerase chain reaction; IFN, interferon; ACSM3, acyl-CoA synthetase medium-chain family member 3; ANGPT1, angiopoietin 1; CDKN2C, cyclin-dependent kinase inhibitor 2C; PLA1A, phospholipase A1 member A; SEL1L3, Sel-1 suppressor of lin-12-like 3; SLC39A4, solute carrier family 39 member 4; TBC1D4, TBC1 domain family member 4; WISP3, WNT1 inducible signaling pathway protein 3; ANXA1, annexin A1; AREG, amphiregulin; BASP1, brain abundant, membrane attached signal protein 1; CIDEC, cell death activator CIDE-3; CPB2, carboxypeptidase B2; HSPA6, heat-shock 70 kDa protein B'; PI3, peptidase inhibitor 3; SLC1A3, solute carrier family 1 member 3; THSD4, thrombospondin type-1 domain-containing protein 4; ICAM-1, intercellular adhesion molecule-1; ALXR, ANXA1 receptor.

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system for robust HCV replication (Bartenschlager and Sparacio, 2007; Lindenbach and Rice, 2005). Most studies of HCV replication or anti-HCV reagents are currently carried out using a HuH-7derived cell culture system. Therefore, it remains unclear whether or not recent advances obtained from the HuH-7-derived cell culture system reflect the general features of HCV replication or anti-HCV targets. To resolve this issue, we aimed to find a cell line other than HuH-7 that enables robust HCV replication. We recently found a new human hepatoma cell line, Li23, that enables efficient HCV RNA replication and persistent HCV production (Kato et al., 2009b). In that study, we established genome-length HCV RNA replicating cell lines, OL (polyclonal; a mixture of approximately 200 clones), OL8 (monoclonal), OL11 (monoclonal), and OL14 (monoclonal), and characterized them (Kato et al., 2009b). We further developed Li23-derived drug assay systems (ORL8 and ORL11) (Kato et al., 2009b), which are relevant to the HuH-7-derived OR6 assay system (Ikeda et al., 2005). Since we demonstrated that the gene expression profile of Li23 cells was distinct from that of HuH-7 cells (Mori et al., 2010), we expected to find that the host factors required for HCV replication or anti-HCV targets in Li23derived cells would also be distinct from those in HuH-7-derived cells. Indeed, we found that treatment of the cells with approximately 10 µM (a clinically achievable concentration) of ribavirin, an anti-HCV drug, efficiently inhibited HCV RNA replication in both the Li23-derived ORL8 and ORL11 assay systems, but not in the HuH-7-derived OR6 assay system (Mori et al., 2011). We further demonstrated that more than half of the 26 anti-HCV reagents that have been reported by other groups as anti-HCV candidates using HuH-7-derived assay systems other than OR6 assay system exhibited different anti-HCV activities from those of the previous studies (Ueda et al., 2011). In addition, we observed that the anti-HCV activities evaluated by the OR6 and ORL8 assay systems were also frequently different (Ueda et al., 2011). Furthermore, Li23-derived cells showed epidermal growth factor (EGF)-dependent growth (Kato et al., 2009b)-like immortalized or primary hepatocyte cells (e.g., PH5CH8 (Ikeda et al., 1998)), whereas HuH-7-derived cells can grow in an EGF-independent manner. Our findings, when taken together, suggested that a study using Li23-derived cells might yield unexpected results, since only HuH-7-derived cells are commonly used in a wide range of HCV studies.

Moreover, our findings to date suggested that the long-term replication of HCV RNA may cause irreversible changes in the gene expression profiles of host cells, yielding an environment for facilitative viral replication or progression of a malignant phenotype. To investigate this possibility, we carried out cDNA microarray and/or reverse transcription-polymerase chain reaction (RT-PCR) analyses using Li23-derived cells (OL, OL8, OL11, and OL14) in order to identify host genes for which expression levels were irreversibly altered by the long-term replication of HCV RNA. Here we report the identification of such host genes.

2. Materials and methods

2.1. Cell culture

The Li23 cell line consists of human hepatoma cells from a Japanese male (age 56) was established and characterized in 2009 (Kato et al., 2009b). Li23 cells were maintained in modified culture medium for the PH5CH8 human immortalized hepatocyte cell line (Ikeda et al., 1998), as described previously (Kato et al., 2009b). Genome-length HCV RNA-replicating cells (Li23derived OL, OL8, OL11, and OL14 cells) were also maintained in the medium for the Li23 cells in the presence of 0.3 mg/mL of G418 (Geneticin, Invitrogen, Carlsbad, CA). Cured cells (OL8c and OL11c cells), from which the HCV RNA had been eliminated by interferon (IFN)- γ treatment (Abe et al., 2007), were cultured in the medium for the Li23 cells. These cells were passaged every 7 days for 3.5 years. In this study, OL, OL8, OL11, OL14, OL8c, and OL11c cells were renamed as OL(0Y), OL8(0Y), OL11(0Y), OL14(0Y), OL8c(0Y), and OL11c(0Y) cells, respectively, to specify the time at which the cells were established. These "OY" cells of passage number 3 were used in this study. Two-year cultures of OL(0Y), OL8(0Y), OL11(0Y), OL14(0Y), OL8c(0Y), and OL11c(0Y) cells were designated as OL(2Y), OL8(2Y), OL11(2Y), OL14(2Y), OL8c(2Y), and OL11c(2Y) cells, respectively. The 3.5-year cultures of OL8(0Y), OL11(0Y), OL8c(0Y), and OL11c(0Y) cells were designated as OL8(3.5Y), OL11(3.5Y), OL8c(3.5Y), and OL11c(3.5Y) cells, respectively. The cured cells obtained from OL8(2Y) and OL11(2Y) cells by IFN- γ treatment (Abe et al., 2007) were designated as OL8(2Y)c and OL11(2Y)c cells, respectively, and were maintained in the medium for the Li23 cells.

2.2. cDNA microarray analysis

OL(0Y), OL(2Y), OL8(0Y), OL8(2Y), OL11(0Y), OL11(2Y), OL8c(0Y), OL8c(2Y), OL11c(0Y), and OL11c(2Y) cells were cultured in the medium without G418 during a few passages, and then these cells $(1 \times 10^6$ each) were plated onto 10-cm diameter dishes and cultured for 2 or 3 days. Total RNAs from these cells (approximately 70–80% confluency) were prepared using the RNeasy extraction kit (QIAGEN, Hilden, Germany). As previously described (Kato et al., 2009b; Mori et al., 2010), cDNA microarray analysis was performed by Dragon Genomics Center of Takara Bio. (Otsu, Japan) through an authorized Affymetrix service provider using the GeneChip Human Genome U133 Plus 2.0 Array. Differentially expressed genes were selected by comparing the arrays from the genome-length HCV RNA-replicating cells, and the selected genes were further compared with the arrays from the cured cells (see Fig. 2 for details).

2.3. RT-PCR

We performed RT-PCR in order to detect cellular mRNA as described previously (Dansako et al., 2003). Briefly, total RNA (2 μ g) was reverse-transcribed with M-MLV reverse trascriptase (Invitrogen) using an oligo dT primer (Invitrogen) according to the manufacturer's protocol. One-tenth of the synthesized cDNA was used for the PCR. The primers arranged for this study are listed in Table 1.

2.4. Quantitative RT-PCR analysis

The quantitative RT-PCR analysis for HCV RNA was performed using a real-time LightCycler PCR (Roche Diagnostics, Basel, Switzerland) as described previously (Ikeda et al., 2005; Kato et al., 2009b). Quantitative RT-PCR analysis for the mRNAs of the selected genes was also performed using a real-time LightCycler PCR. The primer sets used in this study are listed in Table 1.

2.5. Western blot analysis

The preparation of cell lysates, sodium dodecyl sulfate–polyacrylamide gel electrophoresis, and immunoblotting analysis with a PVDF membrane were performed as previously described (Kato et al., 2003). The antibodies used for the O strain in this study were those against Core (CP9, CP11, and CP14 monoclonal antibodies [Institute of Immunology, Tokyo, Japan]; a polyclonal antibody [a generous gift from Dr. M. Kohara, Tokyo Metropolitan Institute of Medical Science]), E1 and NS5B (a generous gift from Dr. M. Kohara), and NS3 (Novocastra Laboratories, Newcastle upon Tyne, UK). β-Actin antibody (Sigma, St. Louis, MO)

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