



HPV16 infection of HaCaTs is dependent on β 4 integrin, and α 6 integrin processing

Pınar Aksoy, Cynthia Y. Abban¹, Elizabeth Kiyashka, Weitao Qiang², Patricio I. Meneses*

Department of Biological Sciences, Fordham University, Bronx, NY, USA

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ABSTRACT

Our understanding of human papillomavirus (HPV) is still evolving. To further study the field, our laboratory has focused on determining the role of integrins in the initial steps of viral endocytosis into HaCaT cells. Our and others' previous findings have shown that α 6 is necessary for infection. Here we show that α 3 and β 1 were dispensable, and we identified integrin α 6 β 4 complex as necessary for infection in HaCaTs. β 4 knock down resulted in a significant decrease in HPV16 PsV infection and perhaps most importantly resulted in defective post-translational α 6 processing. We showed that the unprocessed α 6 does not localize to the cell surface. We propose that the α 6 β 4 complex is necessary for the formation of an endocytic complex that results in the signaling transduction events necessary for initial endocytosis.

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Introduction

Papillomaviridae family consists of non-enveloped, 55 nm diameter, circular dsDNA viruses. To date, more than 150 human papillomavirus (HPV) types are identified by DNA sequencing and these types are commonly divided into five genera based on genotyping similarities (Doorbar, 2006; Doorbar et al., 2012). Infections occur in epithelial cells and can either cause benign warts on skin and mucosa (low-risk HPVs) or lead to cervical cancer (Scheffer et al., 2013). Out of the 15 identified oncogenic HPV types, HPV16 is the most common etiologic agent associated with cervical cancer (Laniosz et al., 2009; Schiffman, 2007). Although this disease-mediating agent has been under study for more than 40 years, the details of the infection process have not been clearly identified.

Research to identify the biological receptor(s) for HPVs has led to identification of some of the key players in HPV infection. The viral particle consists of the virally encoded L1 and L2 capsid protein. Many laboratories have shown data supporting that the initial HPV binding is L1 mediated, and occurs through heparan sulfate proteoglycans (HSPGs). Data have shown that removing the heparan sulfate glycosaminoglycans reduces infection; furthermore, addition of a soluble analog of heparan sulfate competes for

HPV binding and thus blocks infection (Abban and Meneses, 2010; Girogrou et al., 2001; Johnson et al., 2009; Joyce et al., 1999). This initial binding has been suggested to occur in the extracellular matrix or at the cell surface. Upon binding of the virus to the HSPGs, a conformational change occurs. This change has been shown to be mediated by host cell protein cyclophilin B and results in the exposure of a hidden N-terminus of L2 (Bienkowska-Haba et al., 2009). This exposed region of L2 can be cleaved by members of the proprotein convertase family of peptidases, furin and/or PC 5/6 (Richards et al., 2006; Seidah and Prat, 2012). The cleavage of the L2 N-terminus is necessary for infection and is hypothesized to facilitate the transfer of the virus capsid to a secondary receptor on the keratinocyte plasma membrane (Day et al., 2008; Selinka et al., 2007). Search for this secondary receptor initially led to integrin α 6 using HPV6b L1 viral like particles (VLP) (Evander et al., 1997). Using HPV16 pseudovirions, we confirmed the initial binding of viral particles to α 6 and showed that siRNA-mediated silencing of integrin α 6 decreases infection in HaCaTs (Abban and Meneses, 2010). In addition to the role of α 6 integrin, the role for tetraspanins has been proposed by Dr. Florin's group; Dr. Ozbun's group has discussed the presence of an endocytic complex consisting of HPV16 PsVs, HSPGs and EGF; Annexin A2 and its S100A10 subunit have been identified as L2-specific receptor by Dr. Kast's group and they have further been characterized by Dr. Ozbun's group; and most recently Drs. DiMaio and Atwood's group have suggested the role of a retromer as necessary for infection and trafficking of incoming virus (Scheffer et al., 2013; Surviladze et al., 2012; Woodham et al., 2012; Dziduszko and Ozbun, 2013; Lipovsky et al., 2013).

In the aforementioned studies of Drs. Florin and Ozbun, the two common molecules seem to be the integrin α 6 and tetraspanin

* Correspondence to: Department of Biological Sciences, Fordham University, Larkin Hall 160, Bronx, NY 10458, USA. Fax: 718 817 3645.

E-mail addresses: pmeneses@fordham.edu,

coachpim@gmail.com (P.I. Meneses).

URL: <http://www.meneseslab.com/> (P.I. Meneses).

¹ Currently at Loyola University Medical Center, Maywood, IL, USA.

² Currently at Yale University, New Haven, CT, USA.

151 (Scheffer et al., 2013; Surviladze et al., 2012). Integrins are transmembrane receptors that have no intrinsic catalytic or enzymatic activity. To date, 18 α and 8 β integrin subunits have been identified—each of which is a single pass type I transmembrane protein—making up 24 identified integrin complexes. Upon ligand binding, integrins can mediate outside-in signaling with their ability to transduce signals through proteins that dock on their cytoplasmic tails, and also by regulating their ligand-binding affinity they can mediate inside-out signaling events (Takada et al., 2007). The proposed secondary HPV receptor integrin $\alpha 6$ can form complexes with either $\beta 1$ or $\beta 4$ integrins (Kligys et al., 2012). The possible roles of β subunits as a direct binding partner of HPV virions during infection were investigated, and these studies lead to the conclusion that neither $\beta 1$ nor $\beta 4$ showed any direct binding to viral particles (Evander et al., 1997; Huang and Lambert, 2012; Yoon et al., 2001).

In a previous study, we showed the importance of $\alpha 6$ in infection and we profiled the integrin subunits in human adult keratinocyte cell line (HaCaT). Our data showed that $\beta 1$, $\alpha 2$, $\beta 2$, $\alpha 3$, $\beta 4$, $\beta 6$ and $\alpha 6$ were present on HaCaT's cell surface (Abban and Meneses, 2010). Because integrins function as obligate heteromers, we addressed what complexes were formed in HaCaTs. We focused on four integrin subunits based on the profiling data: $\alpha 3$, $\alpha 6$, $\beta 1$ and $\beta 4$. These integrins have been implicated in wound healing (Goldfinger et al., 1999; Margadant et al., 2009). We identified several integrin complexes, and $\alpha 6\beta 4$ was found to be involved in HaCaT infection by HPV. Our data showed that the level of $\beta 4$ was directly correlated to the level of infection and for proper $\alpha 6$ integrin processing.

Results

Assessment of possible integrin complexes on HaCaTs

Integrin function requires a pairing of an α and a β subunit into a heterodimer. Based on our previous integrin profiling we addressed what heterodimers are found on HaCaTs. Using standard immunoprecipitation experiments with the α subunits as bait we showed that $\alpha 3$ was able to pull down $\beta 1$ but not $\beta 4$ (Fig. 1A, lanes 6 and 12) while $\alpha 6$ was able to pull down $\beta 4$ but not $\beta 1$ (Fig. 1B, lanes 6 and 9). We confirmed the presence of $\alpha 6\beta 4$ and the lack of $\alpha 3\beta 4$ complex by the reverse pulldown (Fig. 1C, lanes 8 and 14). These pulldowns showed that integrin complexes $\alpha 3\beta 1$ and $\alpha 6\beta 4$ were formed in HaCaTs.

Integrin $\beta 4$, but not $\alpha 3$ or $\beta 1$ are required for HPV16 pseudovirion infection

Having identified two heterodimeric integrin complexes, we tested the biological significance of the various integrins. HaCaT cells were treated with integrin specific siRNAs, subsequently incubated with HPV16 pseudovirion, and infection levels assessed by flow cytometry (GFP pseudogenome 8fwb plasmid was used in viral particles). The protein level of $\alpha 3$, $\beta 1$, and $\beta 4$ were reduced by 81%, 99%, and 96% compared to untreated HaCaTs (Fig. 2 western blots A, D, G and the measurements B, E, H). The necessity of $\alpha 6$ integrin data have been previously published by our group (Abban and Meneses, 2010). We did not observe any changes in infection in either $\alpha 3$ or $\beta 1$ knockdown cells, but saw a 90% decrease in infection in $\beta 4$ knockdown cells. Taken together with our previous $\alpha 6$ work, these data suggested that the necessary integrin complex for HPV16 infection in HaCaTs is $\alpha 6\beta 4$.

$\beta 4$ Integrin is necessary for $\alpha 6$ integrin detection at the cell surface

We used confocal microscopy and flow cytometry to test the status of $\alpha 6$ and $\beta 4$ integrins in $\beta 4$ knockdown cells. As shown in

Fig. 3A, control siRNA treated HaCaT cells have $\beta 4$ and $\alpha 6$ integrin staining (Fig. 3A red and green, respectively; Fig. 3C lanes 1–2). By contrast, the level of $\alpha 6$ is minimal in $\beta 4$ knock down cells (Fig. 3B red for $\beta 4$, green for $\alpha 6$; Fig. 3C lanes 3–4). Flow cytometry analysis showed that the cell surface levels of $\beta 4$ and of $\alpha 6$ are greatly decreased. Fig. 3D and E shows the shift to the left of both $\beta 4$ and $\alpha 6$ staining indicative of a decrease in the surface expression of both integrins (Fig. 3D and E, compare the black trace-untreated vs. gray- $\beta 4$ siRNA treated HaCaTs). Data are presented in graphical form in 3F (black-control cells, gray- $\beta 4$ siRNA treated cells, isotypic IgG controls were used in these experiments). These experiments showed that the detectable levels of both $\beta 4$ and $\alpha 6$ within cells and at the cell surface is greatly reduced in $\beta 4$ knockdown cells.

In $\beta 4$ knock down HaCaTs, $\alpha 6$ integrin does not form a complex with $\beta 1$

The observed decrease in levels of $\beta 4$ by microscopy and flow cytometry were consistent with our western blot analysis of $\beta 4$ knockdown cells. It was surprising to see a comparable loss of $\alpha 6$ expression. Based on the literature, one would theorize that in the absence of $\beta 4$, $\alpha 6$ would pair with $\beta 1$. Unexpectedly, our results showed that no such compensation occurs. The western blot of $\beta 4$ knockdown cells clearly showed $\alpha 6$ expression but an immunoprecipitation with $\alpha 6$ in these samples did not immunoprecipitate $\beta 1$ (Fig. 4). Thus, $\alpha 6$ does not complex with $\beta 1$ in the absence of $\beta 4$ in these experiments.

$\alpha 6$ processing is affected in the absence of $\beta 4$ but not in the absence of $\beta 1$ or $\alpha 3$ protein

Analysis of $\alpha 6$ on the western blot of the $\beta 4$ knockdown HaCaTs showed an $\alpha 6$ band at 140 kDa. This size was inconsistent with a processed $\alpha 6$ protein. A comparison of lanes 5, 6 to lanes 1–4 in Fig. 5A (control cells vs. $\beta 4$ knockdown cells) shows that, in $\beta 4$ knockdown cells the predominate $\alpha 6$ band detected is 140 kDa as compared to the 120 kDa band detected in control cells. The data lead us to conclude that lack of $\beta 4$ protein results in the loss of $\alpha 6$ processing which results in its inability to be properly express at the cell surface and thus contributes to the loss in infection. The level of $\alpha 6$ processing was not disrupted in $\beta 1$ or $\alpha 3$ knockdown cells, which did not have a loss of infection (Fig. 5 B and Fig. S4). $\alpha 3$ siRNA knockdown for experiment in Fig. S4 is shown in Fig. 2A. These final data are supportive although correlative with the importance of $\alpha 6$ processing.

Discussion

The many improvements in the production of papillomavirus particles have allowed for a rapid development of data regarding the process of HPV virus binding, entry, trafficking and thus, onset of infection. In our laboratory we have taken advantage of the pseudovirion production technique that results in a viral particle containing an easily detectable reporter gene/protein, GFP. We used these pseudovirions to transduce the target cell model HaCaTs. In a previous work, we sought to determine if the finding that HPV16 VLPs bound to $\alpha 6$ integrin meant that $\alpha 6$ integrin was indeed a biological receptor for HPV16, i.e., absence of $\alpha 6$ integrin would result in a loss of infection (Evander et al., 1997; Yoon et al., 2001). We showed that $\alpha 6$ integrin was indeed crucial for HPV16 PsV infection in HaCaT cells (Abban and Meneses, 2010). We also characterized the integrin subunits that were expressed in HaCaTs with the thought that perhaps other integrin subunits played a role in HPV16 infection. We showed that the integrin subunits $\beta 1$,

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