

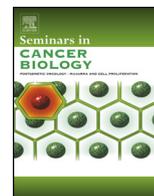


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### Review

# Regulation of the latent-lytic switch in Epstein–Barr virus

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### ABSTRACT

Epstein–Barr virus (EBV) infection contributes to the development of several different types of human malignancy, including Burkitt lymphoma, Hodgkin lymphoma, and nasopharyngeal carcinoma. As a herpesvirus, EBV can establish latent or lytic infection in cells. EBV-positive tumors are composed almost exclusively of cells with latent EBV infection. Strategies for inducing the lytic form of EBV infection in tumor cells are being investigated as a potential therapy for EBV-positive tumors. In this article, we review how cellular and viral proteins regulate the latent-lytic EBV switch in infected B cells and epithelial cells, and discuss how harnessing lytic viral reactivation might be used therapeutically.

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## 1. Introduction

Epstein–Barr virus (EBV) is a human herpesvirus that causes infectious mononucleosis. It is also associated with the development of certain malignancies, including African Burkitt lymphomas (BL), B-cell lymphomas of immunocompromised patients, nasopharyngeal carcinomas (NPC), Hodgkin's disease, and, occasionally, with T-cell lymphomas and gastric cancers [1]. Like all herpesviruses, EBV can infect cells in either latent or lytic forms [1,2]. Latent infection occurs in memory B cells, allowing the virus to evade the host immune response and to persist indefinitely within humans [1,2]. Regardless of cell type, all EBV-associated malignancies largely consist of latently infected cells in which EBV-encoded transforming proteins and non-coding RNAs are expressed. The presence of a limited number of lytically infected cells may enhance tumor growth through release of growth factors and immunosuppressive cytokines [3–5].

Lytic EBV infection is essential for production of infectious viral particles, enabling virus transmission from cell to cell and host to host [1,2]. Lytic infection occurs in differentiated oropharyngeal epithelial cells [6,7], and tonsillar plasma cells [8]. *In vitro* studies indicate that B-cell receptor (BCR) stimulation [9], hypoxia [10], and transforming growth factor- $\beta$  (TGF- $\beta$ ) [11–13] can also induce lytic replication under some circumstances. EBV's ability to remain latent in memory B cells, yet lytically reactivate under appropriate

circumstances, likely explains its near universality in humans. Furthermore, by inducing lytic reactivation in EBV-positive tumors, one could potentially selectively kill EBV-positive malignant cells.

Here, we highlight some recent findings relating to how cellular and viral factors promote or inhibit EBV reactivation and discuss how "lytic induction therapy" might be used to treat patients with EBV-positive tumors. We refer readers to prior review articles for coverage of the older literature on these and related topics [2,14–22].

## 2. EBV lytic reactivation from latent infection

### 2.1. Overview

In latently infected cells, the double-stranded DNA genome of EBV is maintained as a nuclear episome replicated once per cell cycle by the host DNA polymerase. It is usually highly methylated, existing in a repressive chromatin structure. Following reactivation, the lytic genes of EBV are expressed in a temporally regulated manner. The first ones transcribed are the viral immediate-early (IE) lytic genes, *BZLF1* and *BRLF1* (Fig. 1A). They encode the transcription factors, Z (aka Z, ZTA, ZEBRA) and R (aka R, RTA), respectively. Neither *BZLF1* nor *BRLF1* is expressed in latently infected cells due to silencing by multiple cellular transcriptional repressors. The promoters of these genes (Zp and Rp, respectively) are initially activated by cellular transcription factors (Fig. 1B and C). Subsequently, the Z and R proteins activate both their own and one another's promoters to greatly amplify their lytic-inducing effects. They then cooperatively activate the promoters of early (E) lytic genes that encode the viral replication proteins. Following viral genome replication, the late (L) viral genes are expressed. The latter encode

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