Short Communication

Structural requirements of virion-associated cholesterol for infectivity, buoyant density and apolipoprotein association of hepatitis C virus

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Our earlier study has demonstrated that hepatitis C virus (HCV)-associated cholesterol plays a key role in virus infectivity. In this study, the structural requirement for sterols for infectivity, buoyant density and apolipoprotein association of HCV was investigated further. We removed cholesterol from virions with methyl β-cyclodextrin, followed by replenishment with 10 exogenous cholesterol analogues. Among the sterols tested, dihydrocholesterol and coprostanol maintained the buoyant density of HCV and its infectivity, and 7-dehydrocholesterol restored the physical appearance of HCV, but suppressed its infectivity. Other sterol variants with a 3β-hydroxy group or with an aliphatic side chain did not restore density or infectivity. We also provide evidence that virion-associated cholesterol contributes to the interaction between HCV particles and apolipoprotein E. The molecular basis for the effects of different sterols on HCV infectivity is discussed.

Hepatitis C virus (HCV) is a major cause of liver diseases, and is an enveloped, plus-strand RNA virus of the genus Hepacivirus of the family Flaviviridae. The mature HCV virion is considered to consist of a nucleocapsid, an outer envelope composed of the viral E1 and E2 proteins and a lipid membrane. Production and infection of several enveloped viruses, such as human immunodeficiency virus type 1 (HIV-1), hepatitis B virus and varicella-zoster virus (Bremer et al., 2009; Campbell et al., 2001; Graham et al., 2003; Hambleton et al., 2007), are dependent on cholesterol associated with virions. However, except for HIV-1 (Campbell et al., 2002, 2004), there is limited information about the effects of replacing cholesterol with sterol analogues on the virus life cycle. We demonstrated the higher cholesterol content of HCV particles compared with host-cell membranes, and that HCV-associated cholesterol plays a key role in virion maturation and infectivity (Aizaki et al., 2008). Recently, by using mass spectrometry, Merz et al. (2011) identified cholesteryl esters, cholesterol, phosphatidylcholine and sphingomyelin as major lipids of purified HCV particles.

To investigate further the effect of the structural requirement for cholesterol on the infectivity, buoyant density and apolipoprotein association of HCV, depletion of virion-associated cholesterol and substitution of endogenous cholesterol with structural analogues (Fig. 1a) was used in this study. HCVcc (HCV grown in cell culture) of the JFH-1 isolate (Wakita et al., 2005), prepared as described previously (Aizaki et al., 2008), was treated with 1 mM methyl β-cyclodextrin (B-CD), which extracts cholesterol from biological membranes, for 1 h at 37 °C. The cholesterol-depleted virus was then incubated with exogenous cholesterol or cholesterol analogues at various concentrations for 1 h. After removal of B-CD and free sterols by centrifugation at 38 000 r.p.m. (178 000 g) for 2.5 h, the treated particles were used to infect Huh7 cells, kindly provided by Dr Francis V. Chisari (The Scripps Research Institute, La Jolla, CA, USA), and their infectivity was determined by quantifying the viral core protein in cells using an enzyme immunoassay (Ortho-Clinical Diagnostics) at 3 days post-infection (p.i.). Virus infectivity, which fell to <20% after B-CD treatment, was...
recovered by addition of cholesterol at 0.01–1 mM in a dose-dependent manner (Fig. 1b). Among the cholesterol analogues tested, variants with a 3β-hydroxyl group (4-cholestenone, cholesteryl acetate, cholesteryl methyl ether and 5α-cholestanol) or variants with an aliphatic side chain (25-hydroxycholesterol (25-HC), sitosterol and ergosterol) exhibited no or little effect on the recovery of infectivity of B-CD-treated HCV (Fig. 1b, lanes i–vii). In contrast, addition of variants in the structure of the sterol rings (coprostanol or dihydrocholesterol (DHC)) at 1 mM restored infectivity to around 50% compared with non-treated virus control (Fig. 1b, lanes viii and ix). Other variants in the ring structure (7-dehydrocholesterol (7-DHC) and ergosterol, which is also a variant with an aliphatic side chain as indicated above) did not show any increase in the infectivity of B-CD-treated virus (Fig. 1b, lanes x and vii).

We demonstrated previously that HCV-associated cholesterol plays an important role in the internalization step of the virus, but not in cell attachment during virus entry (Aizaki et al., 2008). The effect of virion-associated cholesterol analogues on virus attachment to cells and following internalization was determined. HCVcc, treated with B-CD with or without subsequent replenishment with sterols, was incubated with Huh7-25-CD81 cells, which stably express CD81 (Akazawa et al., 2007), for 1 h at 4°C. As an internalization assay, the incubation temperature was shifted to 37°C post-binding procedure and maintained for 2 h. The cells were then treated with 0.25% trypsin for 10 min at 37°C, by which >90% of HCV bound to the cell surface was removed (data not shown; Aizaki et al., 2008). Internalized HCV was quantified by measuring the viral RNA in cell lysates by real-time RT-PCR (Takeuchi et al., 1999). B-CD treatment or supplementation with sterols of B-CD-treated HCV had little or no effect on virus attachment to the cell surface (data not shown). Regarding virus internalization (Fig. 1c), treatment of HCVcc with 1 mM B-CD resulted in approximately 70% reduction of viral RNA. The reduced level of the internalized HCV recovered markedly to approximately 80% of the untreated HCVcc level by replenishment with 1 mM cholesterol. In agreement with the results shown in Fig. 1(b), addition of coprostanol or DHC to the B-CD-treated virus caused a significant recovery of virus internalization, suggesting that coprostanol and DHC associated with the

**Fig. 1.** Role of virion-associated cholesterol analogues in virus infection. (a) Structures of sterols used in this study. Variations in the 3β-hydroxyl group (lower left), aliphatic side chain (upper right) or ring structure (lower right) of cholesterol are shown. (i–x) Compounds studied in (b) and (c). (b) Effect of replenishment with sterols on HCV infectivity. Intracellular HCV core levels were determined at 72 h p.i. as the indicator of infectivity, which is represented as a percentage of the untreated HCVcc level (NT). (c) Effects of virion-associated sterols on virus internalization. HCV RNA copies in cells after virus internalization were quantified and are shown as percentages of the untreated HCVcc level (NT). (b, c) Means ± SD of four samples are shown. *P < 0.05; **P < 0.01, compared with B-CD-treated virus (unpaired Student’s t-test). Data are representative of at least two experiments.
virion have the ability to play a role in HCV internalization into cells, in a manner comparable to cholesterol (Fig. 1c, lanes viii and ix). No or only a little recovery of virus internalization was observed by loading with other cholesterol analogues, such as 4-cholestenone, 5α-cholestan, 25-HC or 7-DHC (Fig. 1c, lanes i, iv, v and x).

To monitor the effect of cholesterol analogues on the physical characteristics of HCV, we next investigated buoyant-density profiles by using sucrose density-gradient centrifugation, in which untreated, B-CD-treated and sterol-replenished HCVcc were concentrated and layered onto continuous 10–60 % (w/v) sucrose density gradients, followed by centrifugation at 35 000 r.p.m. (151 000 g) for 14 h. Fractions were collected and analysed for the core protein. Fig. 2 shows that the virus density became higher after treatment with B-CD and that cholesterol-replenished virus shifted the density of B-CD-treated HCV to the non-treated level. Consistent with the result shown in Fig. 1(b), no effect on restoration of the buoyant densities of HCV was observed using variants with modifications in either the 3β-hydroxyl group (4-cholestenone, cholesteryl acetate and 5α-cholestan) or the aliphatic side chain (25-HC and sitosterol). In contrast, variants in the sterol ring structure (coprostanol, DHC and 7-DHC) had an ability to recover the density of B-CD-treated virus to that of non-treated virus.

Incorporation efficiency of the sterols into the cholesterol-depleted HCVcc was further determined by gas chromatography with flame ionization detection (see Supplementary Table S1, available in JGV Online). Under the experimental conditions used, exogenously supplied cholesterol after B-CD treatment was able to restore cholesterol content in HCVcc almost to initial levels. When 4-cholestenone, cholesteryl acetate, 25-HC, DHC or 7-DHC was added to B-CD-treated HCVcc, virion-associated sterol levels were 146, 157, 68, 96 or 73 %, respectively, of that of the non-treated control. The proportion of cholesterol analogues to the total sterols incorporated was ≥30 % when 4-cholestenone, cholesteryl acetate, DHC or 7-DHC was used; however, the proportion in the case of 25-HC was only 3 %. It may be that the hydrophilic modification of the aliphatic side chain leads to poor association with HCVcc.

Collectively, exogenous variants with the 3β-hydroxyl group, such as 4-cholestenone and cholesteryl acetate, can be incorporated into B-CD-treated HCVcc, but resulted in no recovery of virus infectivity, indicating the importance of the 3β-hydroxyl group of cholesterol associated with the virus envelope in HCV infectivity. In contrast, two variants with modification in their sterol ring structures, coprostanol and DHC, have the ability to substitute for cholesterol. However, 7-DHC, another variant within the sterol ring, is incorporated readily into the depleted virion and restores the virus density, HCV replenished with 7-DHC is not infectious. These facts suggest that reduced forms of the sterol ring (coprostanol and DHC) in virion-associated cholesterol can be permitted for maintaining virus infectivity. However, a molecule with an additional double bond in the ring structure (7-DHC) seems to fail to exhibit infectivity, presumably because the change reduces structural flexibility in the

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**Fig. 2.** Sucrose density-gradient profiles of lipid-modified HCV. Core protein concentration in each fraction of untreated HCVcc (■), B-CD-treated HCVcc (○) or HCVcc replenished with sterols (▲) was determined. Corresponding densities of fractions are shown as a dashed line (●).
sterol molecule and consequently in the virion structure. Coprostanol and DHC are cis and trans isomers, which are often known to have different physical properties. However, based on their molecular models, these two sterols, as well as cholesterol, possibly have similar spatial arrangements of the aliphatic side chain, the hydroxyl group and four-ring region because of their structural flexibility. In contrast, the spatial arrangement of 7-DHC does not seem comparable to that of cholesterol. Campbell et al. (2004) reported that replacement of HIV-1-associated cholesterol with raft-inhibiting sterols, including coprostanol, suppresses HIV-1 infectivity, whereas replacement with raft-promoting analogues such as DHC and 7-DHC (Megha et al., 2006; Wang et al., 2004; Xu & London, 2000; Xu et al., 2001) maintains infectivity, demonstrating the importance of the raft-promoting properties of virion-associated cholesterol in HIV-1 infectivity (Campbell et al., 2004). It is therefore likely that HCV-associated cholesterol is involved, at least in part, in virus infectivity via a molecular basis independent of lipid-raft formation.

The density of blood-circulating HCV is heterogeneous, ranging approximately from <1.06 to 1.25 g ml$^{-1}$, and it is proposed that low-density virus is associated with very-low-density lipoprotein (VLDL) and/or low-density lipoprotein (LDL) (André et al., 2002; Thomssen et al., 1993). It has recently been demonstrated that the pathway for VLDL assembly plays a role in assembly and maturation of infectious HCVcc (Icard et al., 2009). HCVcc with low density, which is presumably associated with VLDL or VLDL-like lipoproteins, was found to possess higher infectivity than that with high density (Lindenbach et al., 2006). This study, as well as our earlier work, indicated that removal of cholesterol from HCVcc by B-CD increased the buoyant density of the virus and reduced its infectivity. Thus, one may hypothesize that the virion-associated cholesterol plays a role in the formation of a complex with lipoproteins or apolipoproteins. To address this, the interaction between apolipoproteins and HCVcc with or without B-CD treatment was investigated by co-immunoprecipitation (Co-IP kit; Thermo Scientific). Virus samples were subjected separately to AminoLink Plus coupling resin, which was conjugated with a monoclonal antibody (mAb) against apolipoprotein E (ApoE) or apolipoprotein B (ApoB), and incubated at 4 °C for 4 h. After washing, total RNAs were extracted from the resulting resin beads by using TRIzol reagent (Invitrogen), followed by quantification of HCV RNA as described above (Takeuchi et al., 1999). As indicated in Fig. 3(a), only a fraction of HCVcc was precipitated with an anti-ApoB mAb. In contrast, an anti-ApoE mAb was able to coprecipitate a considerable amount of the virus. It is of interest that B-CD-treated HCVcc hardly reacted with the mAb; however, the cholesterol-replenished virus was found to recover its reactivity, suggesting a role for virion-associated cholesterol in the formation of the HCV–lipoprotein/apolipoprotein complex. The results obtained are consistent with findings indicating that HCVcc can be captured with anti-ApoE antibodies, but capture with anti-ApoB antibodies is inefficient (Chang et al., 2007; Hishiki et al., 2010; Huang et al., 2007; Jiang & Luo, 2009; Merz et al., 2011; Nielsen et al., 2006; Owen et al., 2009), as well as with a recent model of structures of infectious HCV, in which HCVcc looks like ApoE-positive and primarily ApoB-negative lipoproteins (Bartenschlager et al., 2011). We further tested the ApoE distribution in the density-gradient fractions of HCVcc samples (see Supplementary Fig. S1, available in JGV Online). With or without cholesterol depletion, ApoE was detected at a wide range of concentrations: 1.04 g ml$^{-1}$ (fraction 1) to 1.17 g ml$^{-1}$ (fraction 9). However, its level in the fractions at 1.10 g ml$^{-1}$ (fraction 5) to approximately 1.17 g ml$^{-1}$ was moderately decreased in the case of B-CD-treated virus.

**Fig. 3.** Effect of virion-associated sterols on HCV–apolipoprotein interaction. (a) HCVcc samples with no treatment (NT), B-CD-treated (B-CD) or replenished with cholesterol (chol) were incubated with an amine-reactive resin coupling either an anti-ApoB mAb (ApoB) or an anti-ApoE mAb (ApoE). Control resin that is composed of the same material as above, but is not activated, was used as a negative control [Ab (−) control]. (b) B-CD-treated HCVcc was incubated with cholesterol (chol), DHC, 7-DHC or 4-cholestenone, followed by immunoprecipitation with the resin coupling with anti-ApoE mAb. (a, b) HCV RNAs in the immunoprecipitates were quantified and are indicated as percentages of the amount of input HCVcc RNA. Means ± SD of three samples are shown. Data are representative of three experiments.
Whether cholesterol analogues could have a comparable role in HCV association with lipoprotein was examined further (Fig. 3b). Addition of DHC or 7-DHC, but not 4-cholestene, to B-CD-treated HCVcc resulted in the recovery of coprecipitation of the virus with anti-ApoE. The results are correlated with the effect of sterols on the restoration of the buoyant densities of lipid-modified HCVcc (Fig. 2), suggesting that virion-associated cholesterol variants with modification in the sterol rings, but not in either the 3β-hydroxyl group or the aliphatic side chain, may tolerate the interaction between HCV and ApoE-positive lipoprotein.

Given that 7-DHC restored the association of HCV with ApoE and virion buoyant density, but did not restore infectivity, cholesterol and/or its analogues might affect the ability of virion membranes to fuse with the cell, independent of ApoE association. As cholesterol is an important mediator of membrane fluidity, one may hypothesize that HCV-associated cholesterol is involved in infectivity through modulation of the membrane fluidity. It has been reported that, in patients with Smith–Lemli–Opitz syndrome, a disorder of the cholesterol-synthesis pathway, cholesterol content decreases and 7-DHC increases in the cell membranes, leading to alteration of phospholipid packing in the membrane and abnormal membrane fluidity (Tulenko et al., 2006).

It is now accepted that maturation and release of infectious HCV coincide with the pathway for producing VLDLs, which export cholesterol and triglyceride from hepatocytes. This study revealed roles for the structural basis of virion-associated cholesterol in the infectivity, buoyant density and apolipoprotein association of HCV. Although it was shown that HCV virions in infected patients, so-called lipo–viro particles, exhibited certain biochemical properties such as containing ApoB, ApoC and ApoE (Diaz et al., 2006; Bartenschlager et al., 2011), our studies provide useful information and the basis for future investigations toward a deeper understanding of the biogenesis pathway of infectious HCV particles.

Acknowledgements

We thank M. Matsuda, M. Sasaki and T. Date for technical assistance and T. Mizoguchi for secretarial work. This work was partially supported by a grant-in-aid for Scientific Research from the Japan Society for the Promotion of Science, from the Ministry of Health, Labor, and Welfare of Japan, and from the Ministry of Education, Culture, Sports, Science, and Technology.

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