Improving treatment predictors of HCV therapy and the impact of steatosis on the hepatocyte transcriptome and anti-HCV action of interferon

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# Table of contents

List of Figures and Tables	viii
Abstract	XV
Declaration	. xvii
Acknowledgements	, xviii
Publications Arising During Ph.D.	XX
Awards Received During Ph.D.	XX
Presentations Arising From Ph.D	xxi
Material Providers	xxii
Abbreviations Used	xxiv
Chapter 1	1
1.1 Hepatitis C Virus	1
1.1.1 Epidemiology and discovery	1
1.1.2 Transmission	2
1.1.3 Natural history	3
1.1.4 HCV genome, proteins and genotypes	5
1.1.5 Life cycle of hepatitis C virus	8
1.1.6 HCV model systems and gene expression studies	11
1.1.7 Treatment	13
1.2 Fatty Liver Disease	24
1.2.1 Introduction	24
1.2.2 Fatty liver disease and its risk factors	24
1.2.3 Regulation of triglyceride synthesis in hepatocytes	25
1.2.4 Pathophysiology to development of hepatic steatosis	25
1.2.5 Role of saturated and monounsaturated fatty acids in NAFLD and NASH.	26
1.2.6 Non-alcoholic steatohepatitis and the inflammasomes	

1.2.7 Steatosis and HCV in the generation of oxidative stress	
1.3 Hepatitis C and Steatosis	
1.4 Interferon	32
1.4.1 Introduction and types of interferon	
1.4.2 Interferon signal transduction	
1.4.3 Interferon Stimulated Genes and HCV Control	
1.4.4 Ribavirin and its relation to ISG expression	
1.4.5 Steatosis and its attenuation of interferon activity	
1.5 Toll-Like Receptors and NF-κβ Activation	
1.6 Hypothesis and Aims	40
Chapter 2	42
2.1 General Reagents	42
2.1.1 Transient transfection of plasmid DNA	42
2.2 Tissue Culture Techniques	43
2.2.1 Tissue culture medium	43
2.2.2 Maintenance of cell lines	43
2.2.3 Resuscitation of cryopreserved cells	43
2.2.4 Trypan blue exclusion	
2.2.5 Emulsification of free fatty acids for tissue culture	44
2.3 Cultured Cell Lines	45
2.3.1 Huh-7 cells	45
2.3.2 NNeo C-5B (RG)	45
2.4 HCV Jc1 Infectious System	45
2.4.2 General infection protocol for HCV Jc1	
2.5 General Molecular Biology Methods	
2.5.1 Synthetic oligonucleotides	
2.5.2 Bacterial transformation	
2.5.3 Mini-preparation (small scale) of plasmid DNA	50

2.5.4 Maxi-preparation (large scale) of plasmid DNA	50
2.5.5 Agarose gel electrophoresis	51
2.5.6 Extraction of total RNA	51
2.5.7 DNAase I treatment of RNA samples	52
2.5.8 Nucleic acid quantification	52
2.5.9 cDNA preparation	53
2.5.10 Polymerase Chain Reaction	53
2.5.11 Real-time quantitative PCR	54
2.5.12 Extraction of cellular protein	54
2.5.13 Protein quantification	55
2.5.14 SDS PAGE and protein transfer	55
2.5.15 Western blotting	55
2.5.16 Dual renilla luciferase assay	56
2.5.17 Bodipy staining 493/503	57
2.5.18 Treatment of cells	57
2.6 Data Analysis	58
Chapter 3	59
3.1 Introduction	59
3.2 Isolating Cellular Subtypes from the HCV Infected Liver	60
3.2.1 Procurement of liver biopsy tissue and PBMC	60
3.2.2 Paired PBMC	61
3.2.3 Dissociation of liver tissue	62
3.2.4 Optimisation of RNA yield and quality post biopsy	64
3.3 Analysis of Cellular Subtypes in a Liver Biopsy by Cytospin	64
3.4 Isolation of Liver Infiltrating Mononuclear Cells (LIMC)/ Liver Infi	ltrating
Lymphocytes (LIL) from Liver Biopsies	66
3.4.1. LIMC extraction by centrifugation	66
3.4.2 Isolation of T cells by Fluorescence – Activated Cell Sorting (FACS)	68

3.4.3 Isolation of LIL cells from liver biopsy using magnetic beads	70
3.5 Discussion	71
Chapter 4	77
4.1 Introduction	77
4.2 Establishment of an <i>in vitro</i> Model of Steatosis	78
4.2.1 Titrating OA and PA in Huh-7 and HCV replicon (NNeoC5B) cell lines	78
4.2.2 Assessing the degree of lipid accumulation in Huh-7 cells	79
4.3 Pilot Investigation of ISG Dysregulation in Steatosis Huh-7 cells	80
4.4 Global Transcriptome Analysis in Response to OA:PA Treatment of	Huh-7
cells	81
4.4.1 Bioanalysis of quality and quantity of RNA samples	82
4.4.2 Microarray analysis of OA:PA experimental samples	82
4.4.3 Confirmation of microarray results	86
4.5 Discussion	87
Chapter 5	92
5.1 Introduction	92
5.2 Establishing the Role of Oleic and Palmitic Acids in the Alteration o	f Gene
Expression in Huh-7 cells	93
5.3 Free Fatty Acids Drive Transcription at the ISRE and GAS Pro	moter
Elements	95
5.4 FFA Stimulation Increases Transcription Activation of CXCL8, CXCL1	10 and
NF-κβ Promoters	96
5.5 Activation of NF-κ $\beta$ by OA and PA Through TLR2 Mediated Pathways	97
5.6 Discussion	99
Chapter 6	105
6.1 Introduction	105
6.2 Transcriptome Analysis of Steatotic Huh-7s Following IFN-α Stimulation	on 106

6.2.1 Microarray analysis106
6.3 Free Fatty Acids and IFN- $\alpha$ and $\gamma$ Work Cooperatively to Stimulate the ISRE
GAS and CXCL10 Promoter Elements in Huh-7 Cells108
6.4 OA and PA Increase STAT1 Phosphorylation in the Presence of IFN- $\alpha$ 110
6.4.1 Biological significance of differential gene expression112
6.4.2 Analysis of potential transcription regulation in dataset
6.5 Discussion115
Chapter 7120
7.1 Introduction120
7.2 Steatosis, Interferon and HCV Replication: Impact on Gene Expression and
Antiviral Action of IFN-α121
7.2.1 To investigate if the HCV replicon cell line, NNeoC5B, responds to FFAs and
IFN- $\alpha$ in a similar manner to Huh-7 cells122
7.3 The Impact of HCV Replication and Steatosis on ISG expression
7.3.1 HCV replication down-regulates ISG expression in steatotic Huh-7 cells 124
7.3.2 FFAs, HCV replication and IFN- $\alpha$ synergistically increase ISG expression 125
7.4 FFAs impair HCV replication and the anti-viral efficacy of IFN- $lpha$
7.5 Molecular Mechanisms of Steatosis Induced Treatment Resistance in
Chronic HCV Infection129
7.5.1 OA:PA is a potent inducer of CXCL10 production
7.5.2 OA:PA and HCV infection, synergistically increase CXCL8 secretion
7.5.3 CXCL8 expression in the context of OA:PA, HCV replication and IFM
stimulation
7.6 Discussion
Chapter 8140
Chapter 9
Appendix I. General Solutions and Buffers153

Appendix II. Genes Differentially Regulated Greater than 1.8 fold from Huh-7
cells Treated with OA:PA Compared to Control155
Appendix III. Genes Differentially Regulated Greater than 2 Fold from Huh-7
cells, Treated with IFN- $\alpha$ Compared to Control158
Appendix IV. Genes Differentially Regulated Greater than 2 Fold in Huh-7 cells
Treated with OA:PA Compared to Control, in the Setting of 50 Units Pegylated
IFN-α Stimulation
Appendix V. Publication166
References167

# List of Figures and Tables

Figure Number		On Page:
Chapter 1		
Figure 1.1	Clinical spectrum of HCV infection	2
Figure 1.2	HCV genome and polyprotein construct	5
Figure 1.3	HCV entry and life cycle	8
Figure 1.4	Phylogenetic tree of hepatitis C virus	16
Figure 1.5	Global distribution of various HCV genotypes	17
Figure 1.6	Spectrum of fatty liver disease: From steatosis to	24
	steatohepatitis and cirrhosis	
Figure 1.7	Mechanisms of triglyceride accumulation leading to steatosis	25
Figure 1.8	Complex interaction of oxidative stress, steatosis and HCV	29
	infection	
Figure 1.9	Interferon $\alpha$ , $\beta$ and $\gamma$ signal transduction pathways	34
Chapter 3		
Figure 3.1	Cellular populations isolated following cytospin	65
Figure 3.2	RT-PCR analysis of total RNA isolated from LIMC by	67
	centrifugation	
Figure 3.3	Flow cytometry analysis of homogenised HCV positive liver	68
	biopsy tissue using the pan-leucocyte marker CD45	
Figure 3.4	Relative populations of CD 45+/- cells in the HCV infected	69
	liver	
Figure 3.5	Relative frequency of LIMC cells in HCV infected liver	69
	biopsies	
Figure 3.6	Low quantity but excellent quality RNA obtained from	69

CD45+ isolated cells via FACS

Figure 3.7 RT-PCR analysis of RNA extracted from CD3+ magnetic 71 bead isolated cells from HCV infected liver

### **Chapter 4**

Figure 4.1	re 4.1 Oleic and palmitic acid increased intracellular lipid in Hu		
	and NNeoC5B genomic replicons		
Figure 4.2	Oleic and palmitic acid up-regulated viperin and IFI6-16	81	
	mRNA expression		
Figure 4.3	Quantitative and qualitative analysis of RNA samples by	82	
	Agilent bioanalyser		
Figure 4.4	Heat map showing relative gene expression changes due to	83	
	OA:PA stimulation in Huh-7 cells		
Figure 4.5	Oleic and palmitic acid increased gene expression through	86	
	the interferon/ Jak-Stat pathway		
Figure 4.6	Confirmation of microarray data showing oleic acid and	86	
	palmitic acid induced expression of ISGs and inflammatory		

cytokines

### Chapter 5

- Figure 5.1 Oleic acid alone did not induce significant gene expression 93 in candidate ISGs
- Figure 5.2 Palmitic acid is the main driver of altered gene expression 94
- Figure 5.3 Oleic and palmitic acid increased GAS promoter activity 95
- Figure 5.4 Oleic and palmitic acid up-regulated NF-κβ, CXCL10 and 97 CXCL8 promoter activity
- Figure 5.5 Oleic and palmitic acid up-regulated NF- $\kappa\beta$  promoter 98 activity through TLR2 mediated pathways

#### Chapter 6

- Figure 6.1 Quantitative and qualitative analysis of RNA samples by 106 Agilent bioanalyser
- Figure 6.2 Real-time PCR confirmation of microarray data, showing 108 candidate ISGs were synergistically increased when Huh-7s were co-stimulated with OA:PA and IFN-α, a phenomenon not seen with CXCL8 (non-ISG)
- Figure 6.3 Oleic and palmitic acid, with pegylated IFN- $\alpha$  / IFN- $\gamma$ , 109 synergistically increased ISRE and GAS promoter activity respectively, compared to pegylated IFN- $\alpha$  and IFN- $\gamma$  alone
- Figure 6.4 Oleic and palmitic acid, with pegylated IFN-α, 110 synergistically increased CXCL10 promoter activity compared to pegylated IFN-α alone
- Figure 6.5 Diagram of TLR activation leading to increased IRF 110 regulation and activation of the Jak-Stat pathway
- Figure 6.6 Diagram of activation of IRF7 and IRF3 leading to 111 downstream gene expression
- Figure 6.7 Earlier and more intense STAT1 phosphorylation activity in 111 steatotic Huh-7 cells, when stimulated with pegylated IFN-α
- Figure 6.8 Co-stimulation of oleic and palmitic acid with IFN-α, 112 increased gene expression through the interferon/ Jak-Stat pathway, over and above IFN-α alone

### Chapter 7

Figure 7.1Oleic and palmitic acid up-regulated NF-κβ and ISRE 122promoter activity in NNeoC5B genomic replicons

- Figure 7.2 Oleic and palmitic acid increased IFI6-16 mRNA expression 122 in NNeoC5B replicons, but not IFIT1 or viperin
- Figure 7.3 Oleic and palmitic acid accentuated the effects of interferon 122  $\alpha$  and  $\gamma$ , by increasing ISRE and GAS promoters, respectively, in NNeoC5B genomic replicons
- Figure 7.4 Oleic and palmitic acid synergistically increased ISG 122 expression induced by interferon  $\alpha$  and  $\gamma$  in NNeoC5B genomic replicons
- Figure 7.5 Interferon cured NNeoC5B genomic replicon cells were 123 unresponsive to changes of gene expression by oleic and palmitic acid
- Figure 7.6 HCV infection down regulated ISG expression of steatotic 125 Huh-7 cells
- Figure 7.7 Steatosis and IFN-α, in conjunction with Jc1 infection, all 126 synergistically worked to increase ISG expression of IFIT1 and viperin.
- Figure 7.8 Oleic and palmitic acid inhibited HCV replication and 127 reduced the antiviral actions of IFN- $\alpha$
- Figure 7.9 Oleic and palmitic acid were the potent inducers of 130 CXCL10, compared to HCV infection
- Figure 7.10 Oleic and palmitic acid with interferon stimulation, whilst 131 induced high CXCL10 mRNA expression, led to a reduction in protein excretion, compared to IFN-α alone
- Figure 7.11 Oleic and palmitic acid with HCV infection synergistically 132 increased CXCL8 expression (by ELISA)
- Figure 7.12 Oleic and palmitic acid, HCV and IFN-α synergistically 133 worked together to increase CXCL8 expression (by ELISA)
- Figure 7.13 CXCL8 abrogated the antiviral effects of IFN- $\alpha$  134

### Chapter 8

Figure 8.1 Proposed model of pathogenesis of interferon treatment 151 failure, in a HCV infected, inflamed, steatotic liver (NASH)

Table Numb	er	On Page:
Chapter 2		
Table 2.1	Primer sequence table	49
Table 2.2	Antibody concentration	56
Chapter 3		
Table 3.1	List of fluorochrome used to characterise intrahepatic	68
	lymphocytes	
Table 3.2	Quantification of RNA extracted from magnetic beads by	70
	spectrometer, bioanalyser and qRT-PCR, according to	
	clinical parameters	
Table 3.3	Number of liver biopsies performed at Royal Adelaide	74
	Hospital between $2008 - 2012$ (tertiary medical institution with 5	
	Hepatologists and 3 Gastroenterology registrars on staff)	

## Chapter 4

Table 4.1	Top 50 genes up-regu	lated in oleic and pa	lmitic acid 8	33

- Table 4.2Top 50 genes down-regulated in oleic and palmitic acid83
- Table 4.3List of Type I, II and I and II interferon stimulated genes in84our dataset with alteration of gene expression due to oleic<br/>and palmitic acid
- Table 4.4Top 5 Associated Network Functions as a result of oleic and84

palmitic acid stimulation on Huh-7 cells as analysed by Ingenuity IPA

Table 4.5 Top Biological Functions by Ingenuity IPA 85
Table 4.6 Changes in gene expression by oleic and palmitic acid in 86
Huh-7s which were regulated by NF-κβ

#### **Chapter 6**

- Table 6.1 Top 50 genes up-regulated as a result of 50 units pegylated 107 IFN-α
- Table 6.2 Top 50 genes up-regulated comparing oleic and palmitic 107 acid, with carrier control, in the setting of 50 units of pegylated IFN- $\alpha$
- Table 6.3 List of genes significantly down-regulated by oleic and 107 palmitic acid, compared to carrier controls, in the setting of 50 units of pegylated IFN- $\alpha$  (fold change >2.0)
- Table 6.4Top 5 Associated Network Functions as a result of oleic and 112palmitic acid and IFN-α stimulation on Huh-7 cells,<br/>compared to IFN-α alone, as analysed by Ingenuity IPA
- Table 6.5List of up-regulated transcription factors based on our 113dataset of oleic and palmitic acid versus carrier controls, in<br/>the setting of interferon stimulation
- Table 6.6 List of up-regulated genes in dataset which were regulated 114
   by IRF7, comparing oleic acid and palmitic acid with carrier
   control, in the presence of INF-α
- Table 6.7 List of up-regulated genes in dataset which were regulated 114
   by IRF1, comparing oleic acid and palmitic acid with carrier
   control, in the presence of IFN-α
- Table 6.8List of up-regulated genes in dataset which were regulated114

by IRF3, comparing oleic acid and palmitic acid with carrier control, in the presence of IFN- $\alpha$ 

Table 6.9 List of up-regulated genes in dataset which were regulated 114 by NF- $\kappa\beta$ , comparing oleic acid and palmitic acid with carrier control, in the presence of IFN- $\alpha$ 

## Abstract

Hepatitis C Virus (HCV) is a significant global health issue that leads to the development of chronic liver inflammation, and subsequent establishment of cirrhosis and hepatocellular carcinoma (HCC).

Previously the standard therapy of chronic hepatitis C (CHC) was pegylated interferon  $\alpha$  (IFN- $\alpha$ ) and ribavirin, which had poor treatment success rates and was associated with significant side effects. Risk factors that have been shown to be associated with treatment failure include excess alcohol consumption, advanced age, diabetes and obesity. Although these negative predictors of treatment outcome have been well established in clinical practice, little is known regarding the molecular mechanism(s) of treatment failure.

Obesity is another major health issue which is associated with numerous deleterious health issues, one of which being steatosis, or non-alcoholic fatty liver disease (NAFLD). NAFLD can progress to necroinflammation of the liver or non-alcoholic steatohepatitis (NASH), leading to fibrosis and development of cirrhosis. Given how common obesity is, clinicians are commonly faced with managing patients with CHC and concurrent steatosis. Understanding the molecular mechanism(s) of interferon-based treatment failure in patients with CHC with concurrent steatosis, may allow adjuvant therapy to be targeted to those with negative predictors of treatment outcome, thus resulting in an improved virological response.

In this thesis, an *in vitro* model of steatosis has been adopted to investigate the effect of lipid loading on gene expression, in particular, interferon-stimulated genes (ISGs). Two different free fatty acids, oleic acid and palmitic acid, were used to induce steatosis in the Huh-7 hepatoma cell line. In this thesis, it was shown that steatosis was associated with a marked alteration of gene expression, some of which interestingly were classical ISGs. This was likely due to TLR2 mediated pathways, leading to subsequent downstream NF- $\kappa\beta$  activation and gene expression.

Through induction of steatosis by oleic and palmitic acid, it was also shown that Huh-7 cells can accentuate the effect of interferon stimulation, leading to an increased ISG expression, which is believed to be secondary to the increase in STAT1 phosphorylation.

Finally the effect of steatosis-induced ISG expression on HCV replication, as well as the responsiveness to IFN- $\alpha$  treatment, was investigated. Surprisingly, it was found that steatosis alone led to a modest reduction of HCV replication, with reduced interferon sensitivity, leading to a reduction in HCV knockdown when IFN- $\alpha$  was used. It was shown that the combination of OA:PA, HCV replication and IFN- $\alpha$ stimulation resulted in a significant increase in CXCL8 protein production, a cytokine known to have anti-IFN modulating activity. Moreover, exogenous addition of CXCL8 to cultured cells abrogated the anti-HCV actions of IFN- $\alpha$ . This highlighted a potential mechanism for IFN failure in the HCV infected liver with concurrent steatosis.

In summary, the *in vitro* model of steatosis has revealed a much better understanding of the effects that free fatty acids have on gene expression in hepatocytes, as well as their relationship with HCV infection and IFN- $\alpha$  therapy. As reported in this thesis, new and unexpected data has been obtained, which may lead to a different way of thinking about host-virus interactions. In the future this will hopefully be translated to better treatment options for HCV infection.

# Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

Edmund Tse 15<sup>th</sup> June 2015

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"Success is not final, failure is not fatal: it is the courage to continue that counts."

### Winston Churchill

This Ph.D. candidature was one of the toughest challenges of my life, but also one of the most rewarding life experiences that taught me much more than just science. It has taught me that the journey taken and lessons learnt along the way, were far more important than the mere fact of arriving at your intended destination.

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Becton Dickson Labware	New Jersey, USA
Biomol	New Jersey, USA
BioRad Laboratories	California, USA
Cell Signalling	Massachusetts, USA
Chemicon International	Massachusetts, USA
Cohu	California, USA
DAKO	California, USA
Dynatech	Virginia, USA
GeneWorks	Adelaide, SA, Australia
Invitrogen	California, USA
Merck	Darmstadt, Germany
Mol Bio Laboratories	California, USA
Molecular Probes	Oregon, USA
Nalge Nunc International	Illinois, USA
Nikkon	Sydney, Australia
New England Biolabs	Massachusetts, USA
Oxis	Oregon, USA

Olympus	New York, USA
Panomics	Santa Clara, CA
Perkin Elmer	Massachusetts, USA
Promega	Wisconsin, USA
QIAgen	Hilden, Germany
Roche	Indiana, USA
Rockland	Pennsylvania, USA
Schering-Plough	New Jersey, USA
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SPSS Inc	Illinois, USA
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UVP Inc	California, USA
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# **Abbreviations Used**

ATP	adenosine triphosphate
С	cytosine
° C	degrees Celsius
cDNA	complimentary deoxyribonucleic acid
СНС	chronic hepatitis C
CMV	cytomegalovirus
CYP2E1	Cytochrome P450-2e1
DEPC	diethyl pyrocarbonate
dGTP	deoxyguanosine-5'-triphosphate
dH <sub>2</sub> O	deionised water
DNA	deoxyribonucleic acid
dNTP	deoxyribonucleotide triphosphate
dTTP	deoxythymidine-5'-triphosphate
EDTA	ethylene-diamine tetra-acetic acid
ER	endoplasmic reticulum
FACS	fluorescent activated cell sorting
FCS	foetal calf serum
FFA	free fatty acid
FITC	fluorescein isothiocyanate
g	grams
×g	relative centrifugal force (RCF)
GAPDH	glyceraldehyde-3-phosphate deydrogenase
НСС	hepatocellular carcinoma

HCV	hepatitis C virus
HRP	horse radish peroxidise
hr	hour(s)
IRS -1	insulin receptor substrate 1
IRS-2	insulin receptor substrate 2
IFN-α	interferon alpha
IFN-β	Interferon beta
IPS-1	interferon-beta promoter stimulator 1
IFN-γ	interferon gamma
IRES	internal ribosome entry site
ISG	Interferon stimulating gene(s)
ISRE	interferon stimulated response element
JAK	Janus kinase
kb	kilobase
kDa	kilo Dalton
L-Agar	LB + agar
LB	Luria Bertani broth
LDL	low density lipoproteins
LIL	liver infiltrating lymphocyte
luc	luciferase
MAVS	mitochondrial antiviral-signalling protein
μg	micrograms
μl	microlitres
μΜ	micromolar
mA	milliamps

mg	milligrams
ml	millilitres
mM	millimolar
min	minute(s)
mRNA	messenger RNA
MW	molecular weight
ng	nanograms
nM	nanomolar
N/A	not applicable
nt	nucleotide
OA	oleic acid
ORF	open reading frame
PA	palmitic acid
PBS	phosphate buffered saline; 150 mM NaCl, 6 mM K-PO <sub>4</sub> , 2 mM
	KH <sub>2</sub> PO <sub>4</sub> (pH 7)
PCR	polymerase chain reaction
PEI	polyethyleneimine
pg	picograms
pmol	picomolar
qRT-PCR	quantitative real-time polymerase chain reaction
RBC	red blood cell
RNA	ribonucleic acid
rpm	revolutions per minute
RT	room temperature
RT-PCR	reverse transcriptase polymerase chain reaction

sd	standard deviation
SDS	sodium dodecyl sulfate
sec	second(s)
SNP	single nucleotide polymorphism
SS	single stranded
STAT	signal transducer and activator of transcription
SVR	sustained virological response
TAE	0.04 M Tris (pH 8), 0.04 M Acetic Acid, 1 mM EDTA
TEMED	N,N,N',N'-tetramethylethyethylenediamine
TLR	Toll-like receptor
Tris	3,3,5,5-tetramethylbenzidine
TRIF	TIR-domain-containing adapter-inducing interferon- $\beta$
TYK2	tyrosine kinase 2
U	units
UTR	untranslated region
V	volts
w/v	weight per volume