We previously reported that hepatitis B virus (HBV) e antigen (HBeAg) inhibits production of interleukin 6 by suppressing NF-κB activation. NF-κB is known to be activated through receptor-interacting serine/threonine protein kinase 2 (RIPK2), and we examined the mechanisms of interleukin 6 regulation by HBeAg. HBeAg inhibits RIPK2 expression and interacts with RIPK2, which may represent 2 mechanisms through which HBeAg blocks nucleotide-binding oligomerization domain-containing protein 1 ligand–induced NF-κB activation in HepG2 cells. Our findings identified novel molecular mechanisms whereby HBeAg modulates intracellular signaling pathways by targeting RIPK2, supporting the concept that HBeAg could impair both innate and adaptive immune responses to promote chronic HBV infection.

Hepatitis B virus (HBV) nucleoprotein exists in 2 forms [1, 2]. Nucleocapsid, designated HBV core antigen (HBcAg), is an intracellular, 21-kDa protein that self-assembles into particles that encapsidate viral genome and polymerase and is essential for function and maturation of virion. HBV also secretes a nonparticle second form of the nucleoprotein, designated precore or HBV e antigen (HBeAg) [1, 2]. Precore and core proteins are translated from 2 RNA species that have different 5′ initiation sites. Precore messenger RNA (mRNA) encodes a hydrophobic signal sequence that directs precore protein to the endoplasmic reticulum, where it undergoes N- and C-terminal cleavage within the secretory pathway and is secreted as an 18-kDa monomeric protein [3–5].

Nucleotide-binding oligomerization domain–containing protein 1 (NOD1) and NOD2 are cytosolic pattern-recognition receptors involved in the sensing of bacterial peptidoglycan subcomponents [6]. NOD1 and NOD2 stimulation activates NF-κB through receptor-interacting serine/threonine protein kinase 2 (RIPK2; also known as RIP2, RICK, or CARDIAK), a caspase-recruitment domain-containing kinase. RIPK2 is also involved in Toll-like receptor (TLR)–signaling pathway and plays an important role in the production of inflammatory cytokines through NF-κB activation [6, 7].

We previously reported that HBeAg inhibits the production of interleukin 6 (IL-6) through suppression of NF-κB activation [4]. In the present study, we investigated the molecular mechanism of HBeAg functions for the requirement of RIPK2 in NF-κB transcriptional regulation.

**METHODS**

**Cell Culture and Plasmids**

HepG2, Huh7, HT1080, COS7, and HEK293T cells were used in the present study. Stable cell lines were obtained as previously described [4]. Briefly, HepG2, Huh7, and HT1080 were transfected with pCXN2-HBeAg(+) or pCXN2-HBeAg(−) in Effectorne (Qiagen). After G418 screening, HBeAg-positive and -negative HepG2/Huh7/HT1080 cell lines were collected for further analysis [4]. The plasmid pCXN2-HBeAg(+), which can produce both HBeAg and core peptides, and the plasmid pCXN2-HBeAg(−), which can produce only core peptides, were obtained as described previously [4]. pNF-κB-luc, which expresses luciferase upon promoter activation by NF-κB, was purchased from Stratagene [4]. pGFP–human RIPK2 (kindly provided by Prof John C. Reed, Sanford-Burnham Institute for Medical Research) can express GFP-human RIPK2WT [8].

HepG2 cells were transfected with plasmid control–small hairpin RNA (shRNA) or with RIPK2-shRNA (Santa Cruz). After puromycin screening, individual colonies were picked up and examined for expression of endogenous RIPK2, and clones HepG2-shC and HepG2-shRIPK2-3 were selected for subsequent studies.
Luciferase Assays and Treatment of Cells With NOD Ligands

Around 1.0 × 10^5 HepG2 and Huh7 cells were plated in 6-well plates (Iwaki Glass, Tokyo, Japan) for 24 hours and transfected with 0.4 μg of pNF-κB-luc. For luciferase assay of NF-κB activation, cells were treated for 4 hours with or without NOD1 ligand (C12-iEDAP, 2.5 μg/mL) and NOD2 ligand (muramyl dipeptide [MDP], 10 μg/mL) (InvivoGen) at 44 hours after transfection [9]. After 48 hours, cells were lysed with reporter lysis buffer (Promega), and luciferase activity was determined as described previously [4].

RNA Extraction, Complementary DNA (cDNA) Synthesis, Real-Time Polymerase Chain Reaction (PCR) Analysis, and PCR Array

Total RNA was isolated by RNasy Mini Kit (Qiagen). A total of 5 μg of RNA was reverse transcribed using the First Strand cDNA Synthesis Kit (Qiagen) [4]. Quantitative amplification of cDNA was monitored with SYBR Green by real-time PCR in a 7300 Real-Time PCR system (Applied Biosystems). Gene expression profiling of 84 TLR-related genes was performed using RT2 profiler PCR arrays (Qiagen) in accordance with the manufacturer’s instructions [4].

Gene expression was normalized to 2 internal controls (GAPDH and/or β-actin) to determine the fold-change in gene expression between the test sample (HBeAg-positive HepG2/Huh7/HT1080) and the control sample (HBeAg-negative HepG2/Huh7/HT1080) by the 2^−dCt (comparative cycle threshold) method [4]. Three sets of real-time PCR arrays were performed. Some results of HepG2 cells were previously reported [4].

Comunoprecipitation

Cells were cotransfected with 2.5 μg pCXN2-HBeAg(+) or 2.5 μg pCXN2-HBeAg(−), as well as with 2.5 μg pGFP-human RIPK2, and cell lysates were prepared after 48 hours, using lysis buffer containing a cocktail of protease inhibitors. Cell lysates were incubated with anti-GFP rabbit polyclonal antibody (Santa Cruz) or anti-HBe mouse monoclonal antibody (Institute of Immunology, Tokyo, Japan) for 3 hours at 4°C, followed by overnight incubation with protein G-Sepharose beads (Santa Cruz). Immunoprecipitates were separated by sodium dodecyl sulfate–polyacrylamide gel electrophoresis and electroblotted onto a nitrocellulose membrane. Immunoblotting was performed by incubating the membrane for 1 hour with anti-HBe antibody. Proteins were detected by enhanced chemiluminescence (GE Healthcare), using an image analyzer (LAS-4000, Fuji Film). The membrane was probed with a monoclonal antibody to GFP or RIPK2 (Cell Signaling).

Transfection of pGFP–Human RIPK2 and Confocal Microscopy

Formaldehyde (3.7%)–fixed cells were incubated with anti-HBe antibody and stained with fluorochrome-conjugated secondary antibody (Alexa Fluor 555 conjugate, Cell Signaling).

Cells were mounted for confocal microscopy (ECLIPSE TE 2000-U, Nikon). Whenever necessary, images were merged digitally to monitor colocalization. Cotransfection of 0.1 μg pCXN2-HBeAg(+) or 0.1 μg pCXN2-HBeAg(−) with 0.3 μg pGFP-human RIPK2 into the cells was performed. After 48 hours, intracellular localization of RIPK2 was visualized by confocal microscopy.

Enzyme-Linked Immunosorbent Assay (ELISA) for IL-6

Cell culture fluid was analyzed for IL-6 by ELISA (KOMABIO TECH, Seoul, Korea), in accordance with the manufacturer’s protocol [4].

Small Interfering RNA (siRNA) Transfection and Wound-Healing Assay

Control siRNA (siC) and siRNA specific for RIPK2 (siRIPK2) were purchased from Thermo Fisher Scientific. Cells were transfected with siRNA by electroporation. After 48 hours, cells were treated with 10 ng/mL tumor necrosis factor α (TNF-α) (Wako Pure Chemical, Osaka, Japan), while the wound-healing (ie, scratch) assay was performed using a p-200 pipette tip to induce RIPK2 [10]. Up to 12 hours after scratching, the cells were observed by microscopy. Cell migration was measured using Scion Images (SAS). Migration by siC-transfected cells was set at 1.

Statistical Analysis

Results are expressed as mean values ± SD. The Student t test was used to determine statistical significance.

RESULTS

HBeAg Downregulates RIPK2 Expression

To explore the effect of HBeAg on TLR-related gene expression, we generated HepG2, Huh7, and HT1080 cell lines that stably expressed HBV core region with or without precore region. HT1080, a primate fibrosarcoma cell line, is useful for the study of interferon signaling. HBeAg and HBV core–related antigen (HBcrAg) levels of these cell lines demonstrated that expression of HBV core region without HBV precore region did not allow HBeAg secretion by cells (data are cited elsewhere [4] or not shown). First, we performed real-time RT-PCR analysis of these cell lines, using focused gene arrays (Figure 1A). We observed that, in 3 cell lines, 5 genes (RIPK2, TLR9, TNF, CD180, and IL1A) were downregulated ≥1.3-fold in HBeAg-positive cells than in HBeAg-negative cells. We chose to focus our investigation on RIPK2 because HBeAg inhibits the production of IL-6 through the suppression of NF-κB activation [4], and NF-κB is known to be activated through RIPK2 [4]. RIPK2 expression was >100-, 1.41-, and 1.45-fold lower in HBeAg-positive HepG2, Huh7, and HT1080 cells, respectively, compared with their HBeAg-negative counterparts.
Western blot analyses confirmed lower levels of RIPK2 in HBeAg-positive HepG2 than in HBe-negative HepG2 or parental HepG2 (Figure 1B). The fact that RIPK2 is one of the targets for the ubiquitin proteasome system and uses a ubiquitin-dependent mechanism to achieve NF-κB activation [6] might be a reason for the differences between RIPK2 mRNA and protein expression status. We also observed lower levels of RIPK2 mRNA expression (0.18-fold) in HepG2.2.15 cells, which secrete complete HBV virion and HBeAg, compared with expression in HepG2 cells (data not shown).

**Knockdown of RIPK2 and HBeAg Impairs Hepatic Cell Migration**

It has recently been reported that RIPK2 expression is induced by TNF-α plus scratch wounding in keratinocytes [10]. Therefore, we next examined whether RIPK2 affected hepatic
wound healing in the presence of TNF-α in vitro (Figure 1C). As shown in Figure 1D and 1E, RIPK2 mRNA and protein expression were efficiently decreased in HepG2 cells transfected with RIPK2 siRNA (siRIPK2), but not control (siC). RIPK2 silencing reduced hepatic wound closure 1.8-fold, which was associated with a 2-fold decrease in IL-6 production, known to be an important cytokine for the regeneration of liver [11], and a 2.3-fold decrease in interleukin 8 production (Figure 1F–H). Importantly, RIPK2 silencing did not affect cell viability (data not shown).

Given that HBeAg downregulates RIPK2 expression (Figure 1A and 1B), we examined whether HBeAg has an effect on hepatic wound healing in the presence of TNF-α (Figure 1I). As expected, we observed that both cell migration

Figure 2. The nucleotide-binding oligomerization domain–containing protein 1 (NOD1) ligand C12-iEDAP induces NF-κB activation, knockdown of receptor-interacting serine/threonine protein kinase 2 (RIPK2) inhibits NOD1 ligand–induced NF-κB activation in HepG2 cells, and hepatitis B virus e antigen (HBeAg) interacts with RIPK2. A, Real-time reverse transcription–polymerase chain reaction analysis of NOD1 and NOD2 messenger RNA expression in HepG2. NOD1 and NOD2 expression levels were normalized to GAPDH expression levels. B, NF-κB–driven luciferase activity in HepG2 cells stimulated with the NOD1 ligand C12-iEDAP or the NOD2 ligand muramyl dipeptide (MDP) in HepG2. C, Western blot analysis of RIPK2 and tubulin expression in HepG2 cells stably transfected with control small hairpin RNA (shRNA; HepG2-shC) or with RIPK2 shRNA (HepG2-shRIPK2-1/2-4) expressing plasmids. D and E, HepG2-shC (D) and HepG2-shRIPK2-3 (E) cell lines were transiently transfected with pCXN2, pCXN2-HBeAg(+), or pCXN2-HBeAg(−) plasmids together with pNF-κB–luc. Cells were treated for 4 hours, with or without NOD1 ligand C12-iEDAP (2.5 μg/mL), and luciferase activity was determined. Primers specific for NOD1 (sense primer: 5′-ACTACCTCAAGCTGACCTAC-3′; antisense primer: 5′-CTGGTTTACGCTGAGTCTG-3′), for NOD2 (sense primer: 5′-CCTTGCATGCAGGCAGAAC-3′; antisense primer: 5′-TCTGTTGCCCCAGAATCCC-3′), and for other genes as described previously were purchased from Sigma [4]. F, HBeAg specifically colocalizes with RIPK2. COS7 cells were transiently cotransfected with 0.1 μg pCXN2-HBeAg(+) or pCXN2-HBeAg(−) together with 0.3 μg pGFP–human RIPK2. HBeAg was revealed with anti-HBeAg primary antibody and Alexa-Fluor-548 secondary antibody. G and H, HEK293T cells were transiently transfected with or without GFP-RIPK2 and HBeAg-expressing plasmids. Cellular extracts were pre cleared with protein G–Sepharose, and interacting complexes were immunoprecipitated (IP) with either anti-GFP (G) or anti-HBeAg (H) antibodies. Immune complexes were separated by sodium dodecyl sulfate–polyacrylamide gel electrophoresis, and proteins were visualized by immunoblotting (WB) with indicated antibodies. Results are representative of 3 independent experiments.
and RIPK2 mRNA expression were reduced in HBeAg-positive HepG2 cells, compared with HBeAg-negative cells (1.5-fold decrease; Figure 1J and 1K). These results suggest that HBeAg impairs hepatic cell migration-dependent RIPK2 expression. Among NF-κB–targeting genes, expression of vimentin mRNA was impaired in HepG2-shRIP2 and in HBeAg-positive HepG2 (data not shown), and vimentin might be one of the candidates for impairment of their migrations [12].

**RIPK2 Plays an Important Role in NF-κB Activation Induced by NOD1 Ligand, and HBeAg Blocks This Pathway**

HepG2 cells express NOD1 but not NOD2 at the mRNA level (Figure 2A). In agreement with this finding, NF-κB was activated in HepG2 cells exposed to NOD1 ligand C12-iEDAP (level of activation, 4.8-fold, compared with untreated control) but not in those exposed to NOD2 ligand MDP (Figure 2B). As for Huh7 cells, activation of NF-κB was not detected following exposure to C12-iEDAP or MDP (data not shown). These results suggest that C12-iEDAP triggered NF-κB activation through NOD1 in HepG2 cells, which is consistent with findings from a previous study [9].

We examined whether knockdown of RIPK2 has an effect on NOD1-induced NF-κB activation in HepG2 cells. First, we established HepG2 cell lines that constitutively expressed RIPK2-shRNA (HepG2-shRIPK2-1/2-4) or control-shRNA (HepG2-shC) (Figure 2C). The HepG2–shRIPK2-3 cell line, which expresses the lowest levels of RIPK2, and the HepG2-shC cell line were treated for 4 hours, with or without C12-iEDAP, before measurement by the NF-κB–driven luciferase assay (Figure 2D and 2E). C12-iEDAP triggered NF-κB activation in HepG2-shC (Figure 2D) but not in HepG2–shRIPK2-3 (Figure 2E), indicating that RIPK2 plays an important role in NF-κB activation induced through NOD1 triggering.

To assess the influence of HBeAg in that pathway, we measured NOD1-mediated NF-κB activity in HepG2-shC and HepG2–shRIPK2-3 cell lines transiently transfected with HBeAg-expressing plasmids. As shown in Figure 2D, HBeAg expression in HepG2-shC abolished C12-iEDAP–induced NF-κB activation.

**HBeAg Interacts With RIPK2 and Colocalizes With RIPK2**

RIPK2 mediates activation of transcription factors, such as NF-κB, following its activation, which is initiated by membrane-bound or intracytosolic receptors, such as TLR, NOD1, and NOD2 [7, 13, 14]. Confocal microscopy analysis of cells transfected with GFP-RIPK2 revealed subcellular localization of RIPK2 (data not shown). To compare the localization of RIPK2 with that of HBeAg, cells were cotransfected with pGFP–human RIPK2 with pCXN2-HBeAg(+) or pCXN2-HBeAg(−). After 48 hours, cells were stained with mouse monoclonal anti-HBe antibody. Confocal microscopy suggested subcellular colocalization of RIPK2 with HBeAg (Figure 2F).

Reinforcing this assumption, GFP-RIPK2 coimmunoprecipitated with HBeAg (Figure 2G), while HBeAg communoprecipitated with RIPK2 (Figure 2H) in transiently transfected cells with RIPK2- and HBeAg-expressing plasmids.

**DISCUSSION**

In the present study, we have shown the expression of NOD1 and NOD1 ligand–induced NF-κB activation in HepG2 cells and that RIPK2 plays an important role in NOD1 ligand–induced NF-κB activation. NF-κB activation plays an essential role in the production of inflammatory cytokines such as IL-6, which HBeAg could suppress in hepatocytes [4]. We have also shown that HBeAg inhibits RIPK2 expression and interacts with RIPK2, which may represent 2 mechanisms through which HBeAg blocks NOD1 ligand–induced NF-κB activation, thus contributing to the pathogenesis of chronic HBV infection and establishing viral persistence, although further studies including clinical situations might be needed.

HBeAg can be secreted by hepatocytes. Yet, it has been reported that as much as 80% of the precore protein p22 remains localized to the cytoplasm rather than undergoing further cleavage that allows its secretion as mature HBeAg [15]. Our present study showed subcellular colocalization of HBeAg with RIPK2 (Figure 2F). In addition to HBeAg protein in cell culture medium, we observed similar inhibition of NF-κB activation (data not shown).

Overall, we provided a novel molecular mechanism whereby HBeAg modulates innate immune signal-transduction pathways through RIPK2. Elsewhere, it was also reported that HBeAg impaired cytotoxic T-lymphocyte activity [2]. HBeAg inhibits RIPK2 expression and interacts with RIPK2, decreasing NF-κB activation and inflammatory cytokine production in hepatocytes. Taken together, HBeAg could impair both innate and adaptive immune responses to promote chronic HBV infection.

**Notes**

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