

• BASIC RESEARCH •

Construction of HCV-core gene vector and its expression in cholangiocarcinoma

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Abstract

AIM: To establish an experimental model for exploring the role of hepatitis C virus (HCV) in the development of cholangiocarcinoma.

METHODS: Recombinant plasmid of HCV-core gene was constructed with molecular cloning technique and transfected into QBC939 cells with lipofection. After it was selected with G418, resistant colonies were obtained. The colonies were analysed by immunocytochemistry and Western blotting. The morphology was observed under transmission electron microscope(TEM) and microscope.

RESULTS: The recombinant plasmid was proved to carry the target gene by PCR and restriction enzymed mapping. Moreover, it could express HCV-C protein efficiently in QBC939 cells. The HCV-like particles were found in the cytoplasm by electron microscope, which were spherical with a diameter of 50nm-80nm possessing outer membrane. The transfected cells had lower differentiation and higher malignant degree under microscope.

CONCLUSION: Because HCV-core gene could express steadily in cholangiocarcinoma cells, the transfected tumor cells(QBC939-HCVC) could be used to study the effect of HCV in the development of cholangiocarcinoma.

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INTRODUCTION

Cholangiocarcinoma is the second cancer of hepatobiliary system. The incidence and mortality of cholangiocarcinoma are increasing yearly. There are 3000 new patients in America each year. Recent reports showing the expression of HCV RNA and HCV antigens in cholangiocarcinoma^[1-8], have provided new insights into the pathogenesis of cholangiocarcinoma. Hepatitis C virus(HCV) is recognized as a kind of serious infectious source to harm the health of the humans. It could lead to cancer^[9-17]. Moreover, its core protein could act as a transcriptional regulator of various viral and cellular promoters to potentially disrupt normal cellular functions^[18-21]. Thus, the function of core protein is important for carcinogenesis. We constructed the recombinant plasmid of HCV core gene with molecular cloning technique and transfected into cholangiocarcinoma cells with lipofection, and established an experimental model for exploring the role of HCV in the development of cholangiocarcinoma.

MATERIALS AND METHODS

Materials

Plasmids and bacterium strain PBK-HCV encompassing the core and envelope genomic regions of HCV, containing 330nt - 2020nt of HCV II strain, was provided as a gift by Dr.Chen (Institute of Infectious Disease, Zhejiang University), whose restriction sites were *Pst*I and *Eco*RI. The prokaryotic expressing vector of PBK-CMV containing MCS(multiple cloning site), the neomycin- and kanamycin-resistance gene, SV40 poly(A), was purchased from Stratagene Co. *E.coli* JM109 was obtained from the collection kept in our research group.

Cells The QBC939 cells (a cholangiocarcinoma cell line) were a generous gift from Dr. Wang Shuguang (Third Military Medical University, China). QBC939 cells were cultured in RPMI 1640 supplemented with 100mL·L⁻¹ FBS and incubated at 37°C in a 50mL·L⁻¹ CO₂ atmosphere.

Reagents Restriction enzymes (*Sal*I and *Bam*H I), Taq DNA polymerase, T₄ DNA ligase, were purchased from Hua Mei Co. Lipofection was provided by Boehringer Mannheim Co. Mouse anti-HCV C protein monoclonal antibody was purchased from Chemicon Co. House anti-mouse IgG(mouse)-AP, NBT/BICP were purchased from Zhong Shan Co. Biotinylated-conjugated sheep anti-mouse IgG was purchased from Boster Co.

PCR primers Two primers were designed according to the sequence of HCV core genomic regions and synthesized by the Shanghai GeneCore Bio Technologies Co. Primer 1: 5'-CTCGTCGACCATGAGCACAAATCCTAA-3'; Primer 2: 5'-CTCGGATCCTAAGCGGAAGC-TGGGATG-3'. Primer 1 was 5' primer containing *Sal*I site and Primer 2 was 5' primer containing *Bam*HI site.

Methods

PCR amplification PCR amplification was done using the PBK-HCV as a template and primers 1 and 2 as primers. The reaction was performed according to the parameters of 94°C 3min, 94°C 1min, 55°C 30s and 72°C 1min for 35 cycles. Then it was extended 10min at 72°C. The amplified fragment (approx 600bp) was analyzed by 9 g·L⁻¹ agarose-gel electrophoresis. The product was purified and used for DNA recombination.

DNA recombination DNA recombination was performed according to the methods described in reference^[22]. A 0.6kb fragment, containing HCV core gene, was obtained from the PCR product after digestion with *Sal*I and *Bam*HI. The fragment was recombined into plasmid PBK-CMV and the resulted recombinant plasmid was designated as PBK-HCVC (Figure 1).

Transfection of cells Transfection was performed with lipofection. The constructed vector and control plasmid were used to transfect QBC939 cells in culture. Seven-two h after transfection, they were selected with G418. Then the cells were harvested and used for the detections.

Immunocytochemistry for HCV core protein Detection of HCV core protein expression was performed using a mouse anti-HCV core protein monoclonal antibody (1:50) on cell sections of transfected QBC939 and control plasmid.

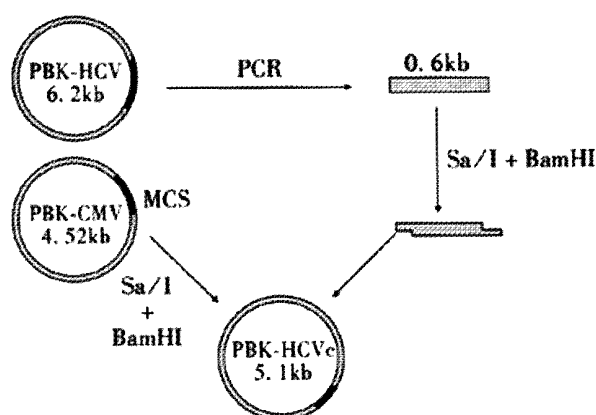


Figure 1 Construction of plasmid PBK-HCVC.

Western blotting Detection of HCV core protein by immunoblotting was performed. Briefly, cells (1×10^6) were scraped, centrifuged briefly, and lysed for 30 min on ice in $50 \text{ mmol} \cdot \text{L}^{-1}$ Tris-Cl (pH 7.5), $150 \text{ mmol} \cdot \text{L}^{-1}$ NaCl, $0.2 \text{ mmol} \cdot \text{L}^{-1}$ EDTA, $1 \text{ mmol} \cdot \text{L}^{-1}$ PMSF and $10 \text{ g} \cdot \text{L}^{-1}$ NP-40. The samples were cleared by centrifugation ($14000 \text{ r} \cdot \text{min}^{-1}$, 30 min, 4°C), and assessed for protein concentration. SDS-PAGE was performed, and proteins were electroblotted onto nitrocellulose membranes. After 1 h incubation in blocking solution, the membrane was exposed to the primary antibody 2 h at 4°C . After washing in PBS, the secondary AP-labeled antibody was added for 2 h at room temperature. The proteins were visualized with NBT-BICP.

Transmission electron microscope A pellet of the transfected cells was fixed in $2.5 \text{ g} \cdot \text{L}^{-1}$ glutaraldehyde, postfixed with $10 \text{ g} \cdot \text{L}^{-1}$ osmium tetroxide, treated with $20 \text{ g} \cdot \text{L}^{-1}$ uranyl acetate, dehydrated in ethanol, infiltrated with propylene oxide, and embedded in Epon mixture. Ultrathin sections were observed under Opton EM 10C (German).

Microscope After selected with G418, the cell sections were stained with HE. The cell sections were observed under microscope.

RESULTS

Identification of reconstructed plasmid by PCR and restriction enzymes

The reconstructed plasmid was amplified by PCR, using the PBK-HCVC as a template and primers 1 and 2 as primers, the reaction was performed according to the same parameters. PCR product was approx 600 bp (Figure 2). Then it was identified by the digestion with restriction enzymes (*SmaI* and *BamHI*). Fragments of 4500 bp and 600 bp were produced from the digestion. It was proved to carry the target gene (Figure 3).

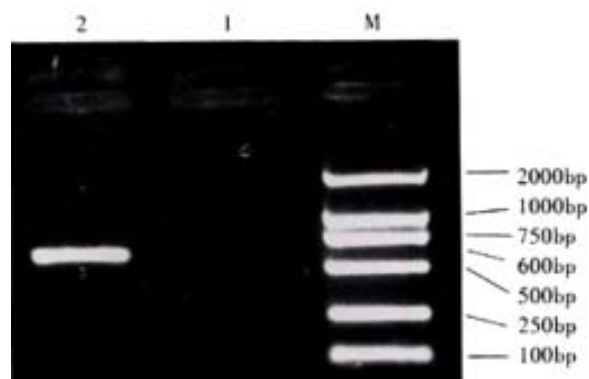


Figure 2 Electrophoretic analysis of PCR product.
M: Marker DL2000; 1: Negative control; 2: PCR product

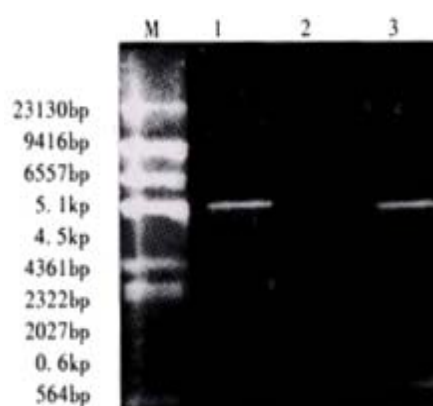


Figure 3 The restriction mapping of PBK-HCVC
M: Maker; ϕ DNA/Hindc6; 1: PBK-CMV; 2: PBK-HCVC; 3: PBK-HCVC restricted by *SmaI* and *BamHI*

Expression of the HCV core protein

Cell sections of transfected with PBK-HCVC and control plasmid (PBK-CMV) were stained for HCV core protein. Staining for HCV core protein was seen in the PBK-HCVC transfected QBC939 cells. Positive staining was located to the cytoplasm (Figure 4).

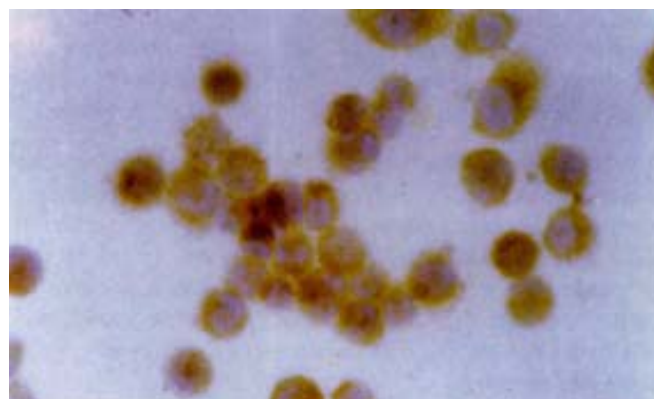


Figure 4 Detection of expressed HCV C antigen by immunocytochemistry. $\times 200$

The expressed products in the supernatant which were transfected with PBK-HCVC and control plasmid (PBK-CMV) were identified by Western blotting. A approx 21 ku band, similar to the size of HCV core protein, was observed in the supernatant of transfection with PBK-HCVC (Figure 5). These results showed that the QBC939 cells transfected with PBK-HCVC could express HCV core protein.

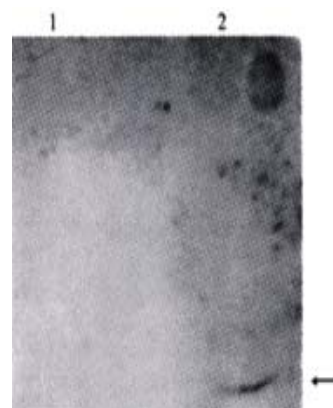


Figure 5 Western blotting detection of the expressed HCV-C protein
1: Transfected QBC939 cells with PBK-CMV; 2: Transfected QBC939 cells with PBK-HCVC

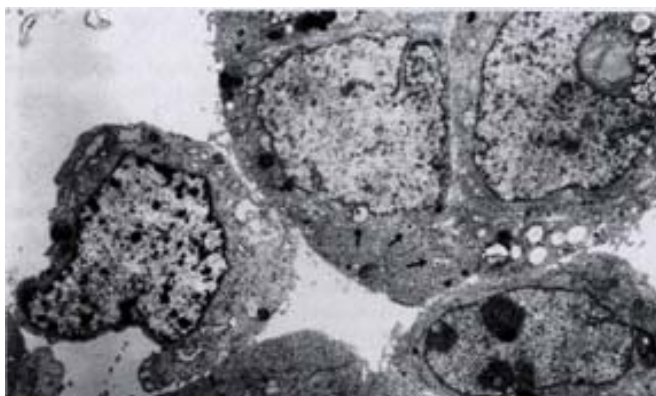


Figure 6 Morphology of QBC939-HCVC cells by TEM. $\times 6500$

The morphologic alteration of the transfected cells

On day 15 after QBC939 cells were transfected with PBK-HCVC, the HCV-like particles were found in the cytoplasm under TEM, which were spherical with a diameter of 50nm-80nm possessing outer membrane (Figures 6,7). The structures were absent in the negative control. The results suggested that the recombinant plasmid could express HCV core protein efficiently in cholangiocarcinoma cell lines. The splits of nuclei were increased significantly in transfected QBC939 cells with PBK-HCVC than PBK-CMV and QBC939 cells (Figure 8). It suggested that the extent of the differentiation was reduced and malignant degree was enhanced after QBC939 cells were transfected with PBK-HCVC.

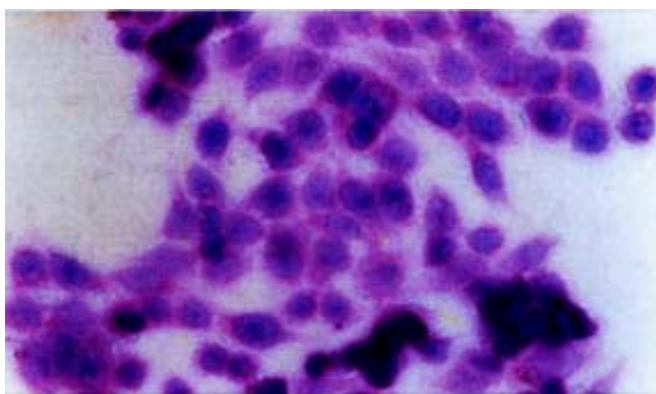


Figure 8 The morphologic alteration of the transfected cells HE. $\times 200$

DISCUSSION

The pathogenesis of cholangiocarcinoma is not clear. Cholelithiasis, cystic dilation of the biliary system, ulcerative colitis and primary sclerosing cholangitis are thought to be the risk factors for cholangiocarcinoma. Recently, laboratory and epidemiological studies found and epidemic found the infection of HCV was related to the development of cholangiocarcinoma [1-8,23-25]. But the mechanism of how they are related has not been studied deeply. HCV infection is an important cause of morbidity and mortality worldwide, causing a spectrum of liver diseases ranging from an asymptomatic carrier state to end-stage liver disease. The most important feature of persistent HCV infection is the development of chronic hepatitis in half of the infected individuals and the potential for disease progression to hepatocellular carcinoma. In our country there are 30-40 million of HCV-carriers patients [26-28].

HCV are hepatotropic viruses. Viral replication and cellular injury are largely confined to the liver. Recent studies, however, have suggested that HCV may replicate in tissues other than in hepatocyte only. Many scholars have reported the presence of HCV RNA and

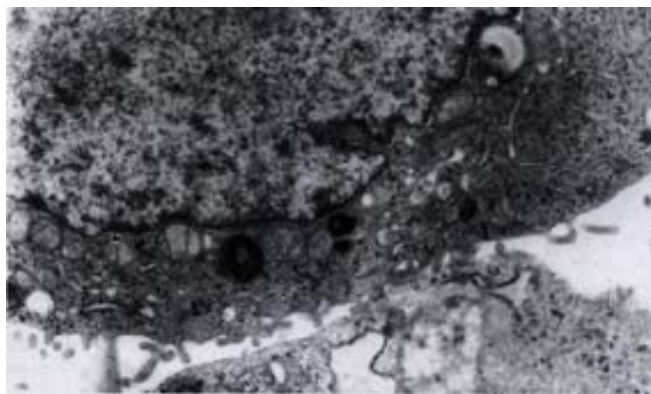


Figure 7 Morphology of QBC939-HCVC cells by TEM. $\times 60\ 000$

HCV-antigens in lymph nodes, pancreas, ovary, kidney, heart and bile duct epithelial cells [29-35]. The infection of HCV could lead to bile duct damage and loss. Moreover, bile duct injury is more commonly associated with HCV than either HBV or autoimmune hepatitis, which is the characteristic histologic feature of HCV. The bile duct damage and loss are defined as variable epithelial, steatosis, lymphocytic infiltration of bile ducts [36-38]. The more injury of HCV infection in bile duct provides new evidence that bile duct epithelial cells could be an important reservoir of HCV and might lead to the pathogenesis of cholangiocarcinoma. An HCV genome contains a linear, positive-strand RNA molecule of 9500 nucleotides encoding a single polypeptide precursor of 3000 amino acids. The polypeptide is cleaved by viral proteases to generate three putative structural proteins (C, E1 and E2) and at least six nonstructural proteins (NS2, NS3, NS4A, NS4B, NS5A and NS5B) [39,40]. The genomic region encoding the putative C protein is also called core protein. The HCV core protein could act as a transcriptional regulator of various viral and cellular promoters to potentially disrupt normal cellular functions [18-21]. The core protein may cooperate with ras oncogene and transform primary rat embryo fibroblasts to a tumorigenic phenotype [41]. It may also cause anti-apoptosis by reversion of tumor suppressor gene-p53 and activation of NF- κ B and implicate a mechanism by which HCV may evade the host immune surveillance leading to viral persistence and possibly to carcinogenesis [42-51]. Thus, the HCV core protein plays a major role in the malignant transformation of cells. It is important to explore the role of HCV in the development of cholangiocarcinoma by establishing an experimental model which expresses efficiently HCV core protein in cholangiocarcinoma cell lines.

In our study, recombinant plasmid of HCV-core gene was constructed with molecular cloning technique, it was identified by restriction enzymes. Then it was transfected into QBC939 cells with lipofection. After it was selected with G418 made by the presence of the neomycin and kanamycin resistance gene, resistant colonies were obtained. The colonies were analysed by immunocytochemistry and Western blotting. The results suggest that the recombinant plasmid was proved to carry the target gene by PCR and restricted enzyme map, and it could express HCV core protein efficiently in QBC939 cells. The morphology was observed under transmission electron microscopy (TEM), and the HCV-like particles in the cytoplasm, were found spherical with a diameter of 50nm-80nm possessing outer membranes. Moreover, we also found that the splits of nuclei were increased in transfected QBC939 cells with PBK-HCVC, and the extent of differentiation was reduced. It suggested that the malignant degree was enhanced after QBC939 cells were transfected with PBK-HCVC. Because HCV-core gene could express steadily in cholangiocarcinoma cells, the transfected tumor cells (QBC939-HCVC) could be used to study the effect of HCV in the development of cholangiocarcinoma.

REFERENCES

- Tomimatsu M, Ishiguro N, Tanai M, Okuda H, Saito A, Obata H, Yamamoto M, Takasaki K, Nakano M. Hepatitis C virus antibody in patients with primary liver cancer (hepatocellular carcinoma, cholangiocarcinoma and hepatocellular-cholangiocarcinoma) in Japan. *Cancer* 1993;72:683-688
- Zhang HZ, Tang YB, Lu XY. Detection of hepatitis B virus DNA and hepatitis C virus RNA in human hepatocellular carcinoma by polymerase chain reaction. *Zhonghua Binglixue Zazhi* 1996;25:70-726
- Yin FZ, Chen BF, Xu CS. HCV RNA sequences in cholangiocarcinoma tissues. *Zhonghua Shiyao Waikao Zazhi* 1998;15:109-110
- Chen RF, Zou SQ, Zhao XP. The expression of hepatitis C virus gene in hilar cholangiocarcinoma and implication. *Zhonghua Shiyao Waikao Zazhi* 2000;17:223-224
- Lu HY, Michele Q Ye, Swan N Thung, Dash S, Gerber MA. Detection of hepatitis C virus RNA sequences in cholangiocarcinomas in Chinese and American patients. *Chin Med J* 2000;113:1138-1141
- Chen MY, Huang ZQ, Chen LZ, Gao YB, Peng RY, Wang DW. Detection of hepatitis C virus NS5 protein and genome in Chinese carcinoma of the extrahepatic bile duct and its significance. *World J Gastroenterol* 2000;6:800-804
- Zhai SH, Liu JB, Liu YM, Zhang LL, Du ZP. Expression of HBsAg, HCV-Ag and AFP in liver cirrhosis and hepatocarcinoma. *Shijie Huaren Xiaohua Zazhi* 2000;8:524-527
- Wang WL, Wang CJ, Wang BF. Significance of HCV gene and its antigen expression in human primary intrahepatic cholangiocarcinoma. *Shijie Huaren Xiaohua Zazhi* 2001;9:542-545
- Hiramatsu N, Hayashi N, Haruna Y, Kasahara A, Fusamoto H, Mori C, Fuke I, Okayama H, Kamada T. Immunohistochemical detection of hepatitis C virus-infected hepatocytes in chronic liver disease with monoclonal antibodies to core, envelope and NS3 regions of the hepatitis C virus genome. *Hepatology* 1992;16:306-311
- Yan XB, Wu WY, Wei L. Clinical features of infection with different genotypes of hepatitis C virus. *Huaren Xiaohua Zazhi* 1998;6:653-655
- Zhang LF, Peng WW, Yao JL, Tang YH. Immunohistochemical detection of HCV infection in patients with hepatocellular carcinoma and other liver diseases. *World J Gastroenterol* 1998;4:64-65
- Sorensen HT, Friis S, Olsen JH, Thulstrup AM, Mellemkjaer L, Linet M, Trichopoulos D, Vilstrup H, Olsen J. Risk of liver and other types of cancer in patients with cirrhosis: a nationwide cohort study in Denmark. *Hepatology* 1998;28:921-925
- Yang JM, Wang RQ, Bu BG, Zhou ZC, Fang DC and Luo YH. Effect of HCV infection on expression of several cancer-associated gene products in HCC. *World J Gastroenterol* 1999;5:25-27
- Feng DY, Chen RX, Peng Y, Zheng H, Yan YH. Effect of HCV NS3 protein on p53 protein expression in hepatocarcinogenesis. *World J Gastroenterol* 1999;5:45-46
- Huang F, Zhao GZ, Li Y. HCV genotypes in hepatitis C patients and their clinical significances. *World J Gastroenterol* 1999;5:547-549
- Casemann WH. Clinical characteristics and outcome of a cohort of 101 patients with hepatocellular carcinoma. *World J Gastroenterol* 2001;7:208-215
- Tang ZY. Hepatocellular Carcinoma Cause, Treatment and Metastasis. *World J Gastroenterol* 2001;7:445-454
- Liu QY, Tackney C, Bhat RA, Prince AM, Zhang P. Regulated processing of hepatitis C virus core protein is linked to subcellular localization. *J Virol* 1997;71:657-662
- Dai YM, Shou ZP, Ni CR, Wang NJ, Zhang SP. Localization of HCV RNA and capsid protein in human hepatocellular carcinoma. *World J Gastroenterol* 2000;6:136-137
- Liu LH, Xiao WH, Liu WW. Effect of deoxycytidine on the P16 tumor suppressor gene in hepatocellular carcinoma cell line HepG2. *World J Gastroenterol* 2001;7:131-135
- Ray RB, Meyer K, Ray R. Hepatitis C virus core protein promotes immortalization of primary human hepatocytes. *Virology* 2000;271:197-204
- Sambrook J, Fritsch EF, Maniatis T (Translated by Jin DY, Liang MF). Molecular Cloning: A Laboratory Manual (2nd Ed). Beijing: Science Press 1996:672-898
- Yamamoto M, Takasaki K, Nakanom M. Minute nodular intrahepatic cholangiocarcinoma. *Cancer* 1998;82:2145-2149
- Suriawinata A, Ivanov K, Haim MB, Schwartz ME. A 67-year-old man with hepatitis C virus infection and a liver tumor. *Semi In Liver Dis* 2000;20:227-231
- Kobayashi M, Ikeda K, Saitoh S, Suzuki F, Tsubota A, Arase Y, Murashima N, Chayama K, Kumada H. Incidence of primary cholangiocellular carcinoma of the liver in Japanese with HCV-related cirrhosis. *Cancer* 2000;88:2471-2477
- Zhang SL, Liang XS, Lin SM, Peng Chao Qiu. Relation between viremia level and liver disease in patients with chronic HCV infection. *China Natl J New Gastroenterol* 1996;2:115-117
- Assy N, Minuk GY. A comparison between previous and present histologic assessments of chronic hepatitis C viral infections in humans. *World J Gastroenterol* 1999;5:107-110
- Li LF, Zhou Y, Xia S, Zhao LL, Wang ZX, Wang CQ. The epidemiologic feature of HCV prevalence in Fujian. *World J Gastroenterol* 2000;6:80
- Shimizu YK, Iwamoto A, Hijikata M, Purcell RH, Yoshikura H. Evidence of *in vitro* replication of hepatitis C virus genome in a human T-cell line. *Proc Natl Acad Sci USA* 1993;89:5477
- Moldvay J, Deny D, Pol S, Brechot C, Lamas E. Detection of hepatitis C virus RNA in peripheral blood mononuclear cells of infected patients by *in situ* hybridization. *Blood* 1994;38:269
- Zhou P, Cai Q, Chen YC, Zhang MS, Guan J, Li XJ. Hepatitis C virus RNA detection in serum and peripheral blood mononuclear cells of patients with hepatitis C. *China Natl J New Gastroenterol* 1997;3:108-110
- Kato N, Nakazawa T, Mizutani T, Shimotohno K. Susceptibility of human T-lymphotropic virus type I infected cell line MT-2 to hepatitis C virus infection. *Biochem Bio Res Commun* 1995;26:863-869
- Fan XG, Tang FQ, Ou ZM, Zhang JX, Liu GC, Hu GL. Lymphoproliferative response to hepatitis C virus (HCV) antigens in patients with chronic HCV infection. *Shijie Huaren Xiaohua Zazhi* 1999;7:1038-1040
- Yan FM, Chen AS, Hao F, Zhao XP, Gu CH, Zhao LB, Yang DL, Hao LJ. Hepatitis C virus may infect extrahepatic tissues in patients with hepatitis C. *World J Gastroenterol* 2000;6:805-811
- Cheng JL, Tong WB, Liu BL, Zhang Y, Yan Z, Feng BF. Hepatitis C virus in human B lymphocytes transformed by Epstein-Barr virus *in vitro* by *in situ* reverse transcriptase-polymerase chain reaction. *World J Gastroenterol* 2001;7:370-375
- Bach N, Thung SN, Schaffner F. The histological features of chronic hepatitis C and autoimmune chronic hepatitis: A comparative analysis. *Hepatology* 1992;15:572-577
- Goldin RD, Patel NK, Thomas HE. Hepatitis C and bile duct loss. *J Clin Pathol*, 1996;49: 836-838
- Giannini E, Ceppa P, Botta F, Fasoli A, Romagnoli P, Cresta E. Steatosis and bile duct damage in chronic hepatitis C: distribution and relationships in a group of Northern Italian patients. *Liver* 1999;19:432-437
- Zhang SZ, Liang JJ, Qi ZT, Hu YP. Cloning of the non-structural gene 3 of hepatitis C virus and its inducible expression in cultured cells. *World J Gastroenterol* 1999;5:125-127
- Jiang RL, Lu QS, Luo KX. Cloning and expression of core gene cDNA of Chinese hepatitis C virus in cosmid pTM3. *World J Gastroenterol* 2000;6:220-222
- Ray RB, Lagging LM, Meyer K, Ray R. Hepatitis C virus core protein cooperates with ras and transforms primary rat embryo fibroblasts to tumorigenic phenotype. *J Virol* 1996;70:4438-4443
- Xiao WH, Liu WW, Lu YY, Li Z. Mutation of p53 tumor suppressor gene in hepatocellular carcinoma. *Xin Xiaohuabingxue Zazhi* 1997;5:573-574
- Wei HS, Li DG, Lu HM. Hepatic cell apoptosis and fas gene. *Shijie Huaren Xiaohua Zazhi* 1999;7:531-532
- Li J, Chen YF, Wang WL, Lin SG. Translocated expression of HCV core protein inhibits apoptosis in the tissue of hepatocellular carcinoma. *Shijie Huaren Xiaohua Zazhi* 1999;7:579-582
- Si XH, Yang LJ. Extraction and purification of TGF α and its effect on the induction of apoptosis of hepatocytes. *World J Gastroenterol* 2001;7:527-531
- Ray RB, Meyer K, Ray R. Suppression of apoptotic cell death by hepatitis C virus core protein. *Virology* 1996;226:176-182
- Marusawa H, Hijikata M, Chiba J, et al. Hepatitis C virus core protein inhibits Fas- and Tumor Necrosis Factor Alpha-mediated apoptosis via NF-kB activation. *J Virol* 1999;73:4713-4720
- Ray RB, Meyer K, Steele R, Shrivastava A, Aggarwal BB, Ray R. Inhibition of tumor necrosis factor (TNF- α)-mediated apoptosis by hepatitis C virus core protein. *J BioChem* 1998;273:2256-2259
- Tai DI, Tsai SL, Chen YM, Chuang YL, Peng CY, Sheen IS, Yeh CT, Chang KS, Huang SN, Kuo GC, Liaw YF. Activation of nuclear factor kB in hepatitis C virus infection: Implication for pathogenesis and hepatocarcinogenesis. *Hepatology* 2000;31:656-664
- Hiramatsu N, Hayashi N, Katayama K, Mochizuki K, Kawanishi Y, Kashara A, Fusamoto H, Kamada T. Immunohistochemical detection of Fas antigen in liver tissue of patients with chronic hepatitis C. *Hepatology* 1994;19:1354-1359
- Yen TS. Nuclear factor KB and hepatitis C-Is there a connection. *Hepatology* 2000;31:785-787