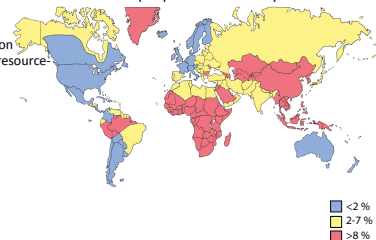


Challenges in the HBV field

Clinical picture:

- Lifelong treatment
- Incomplete HCC prevention
- Ongoing transmission in resource-poor regions

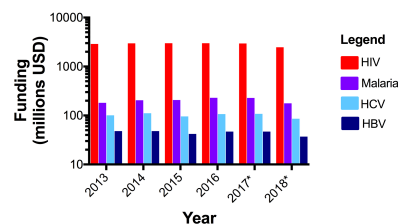
~257 million people are chronically infected



Challenges in the HBV field

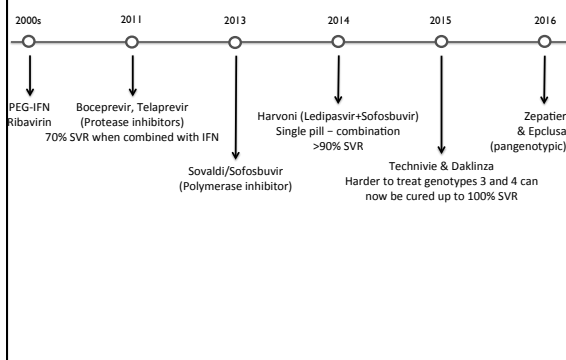
Poor funding due to:

- Effective HBV vaccine
- Potent HBV antivirals
- HCV in the spotlight

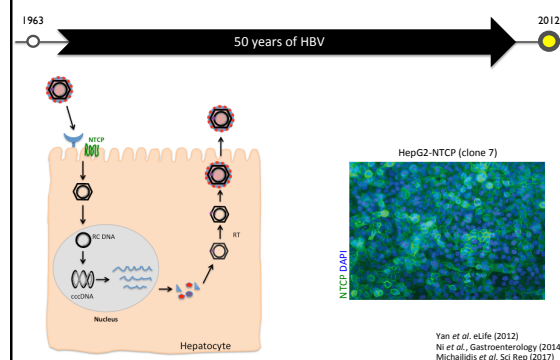


Geraldine A. O'Hara et al. PLoS Negl Trop Dis (2017)

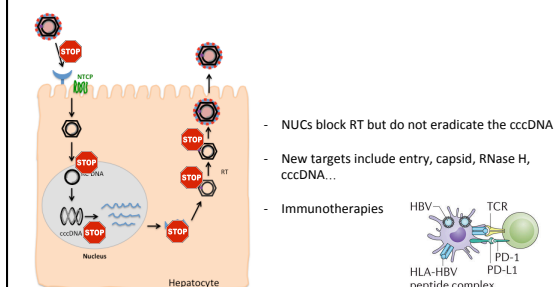
The HCV success story: Role model for an HBV cure?



The breakthrough: NTCP as a receptor for HBV



The search for new HBV therapies and a functional cure



Challenges in HBV research

Poor in vitro systems

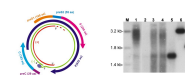
- High titers required for efficient infection
- No virus spread/cannot recapitulate the complete viral life cycle
- Hepatoma cells have impaired innate immune functions - not ideal for virus-host interactions
- More physiological systems are based on cryopreserved primary human hepatocytes (PHH)
 - Donor-to-donor variability
 - Non-renewable
 - Cannot be genetically modified
 - Expensive

Lack of molecular tools

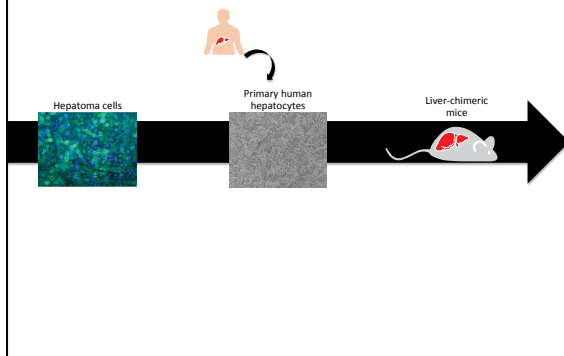
- cccDNA detection methods
- Lack of reporter virus

Limitations in animal models

- Restrictions on chimpanzee infections
- Immunocompromised mouse models



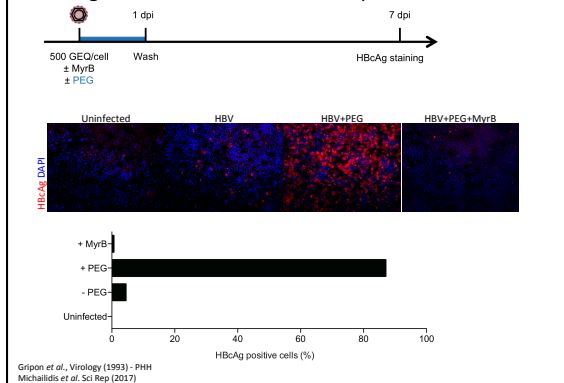
Model systems for HBV: towards more relevant systems



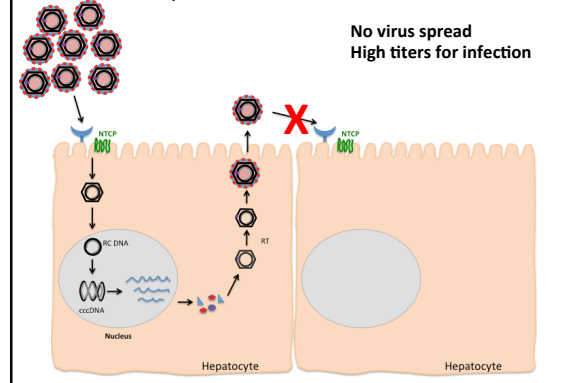
Model systems for HBV: towards more relevant systems



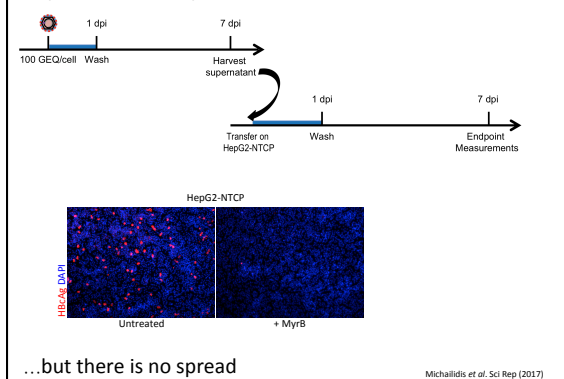
The magic of PEG: HBV infection in HepG2-NTCP cells



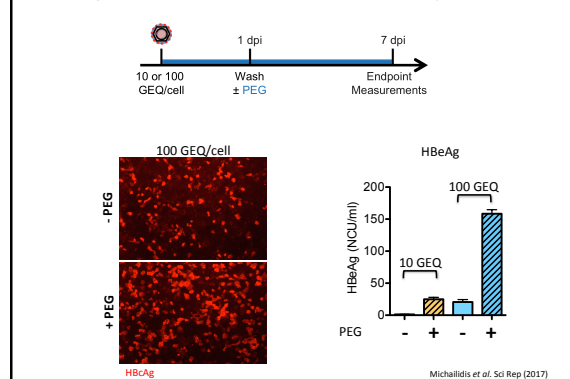
Still room for improvement...



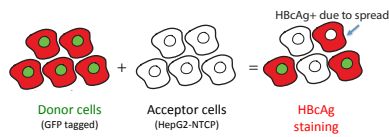
HepG2-NTCP does produce infectious HBV



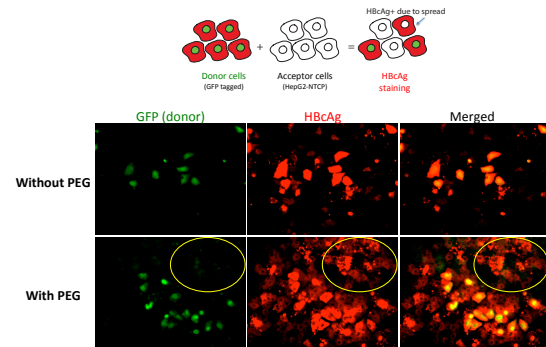
The magic of PEG: Continuous addition, HBV spread!



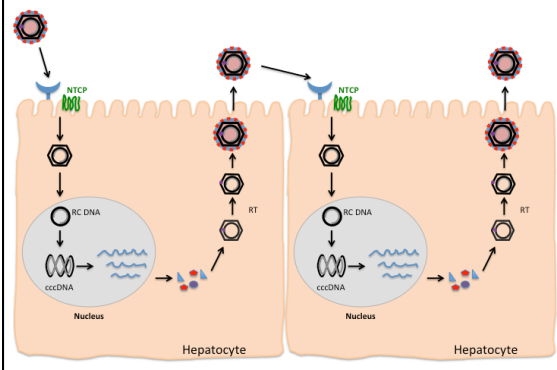
Co-cultures prove HBV spread from donor to acceptor cells



Co-cultures prove HBV spread from donor to acceptor cells



Finally, the complete HBV life cycle in cell culture



HBV and IFN: Possible Clue to a Cure?

- HBV is considered a stealth virus that does not induce IFN

JOURNAL OF VIROLOGY, Aug. 2005, p. 3909-3910
DOI:10.1128/JVI.75.15.3909-3910.2005
Copyright © 2005, American Society for Microbiology. All Rights Reserved.

Stealth and Cunning: Hepatitis B and Hepatitis C Viruses

Stefan F. Wieland and Francis V. Chisari*

- IFN treatment can cure HBV

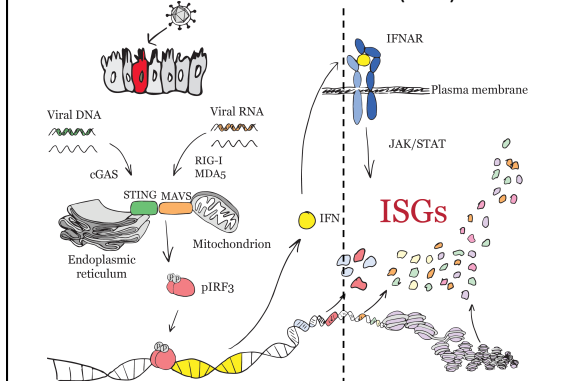
Interferon Treatment for Hepatitis B

Monica A. Konerman, et al., Anna S. Lok, et al.*

KEYWORDS
Chronic hepatitis B • Cirrhosis • Hepatocellular carcinoma • Hepatitis B e antigen • Hepatitis B surface antigen • Hepatitis B virus genotype

KEY POINTS
• Interferon (IFN) therapy offers limited benefits over nucleoside analogs for treatment of chronic hepatitis B, leading to a debate on the utility and safety of IFN therapy in the setting of chronic hepatitis B virus infection.
• Patients with response to IFN therapy have been shown to have improvement in clinical outcomes, specifically a decrease in incidence of hepatocellular carcinoma and development of cirrhosis.
• IFN is associated with a broad spectrum of potential adverse effects, including psychiatric effects, bone marrow suppression, and exacerbation of autoimmune diseases.
• Recommendations to use IFN should balance benefits versus risks and decisions should be tailored to individual patient characteristics and preferences.

IFN induction and effectors (ISGs)



Antiviral ISG screens

LETTER

doi:10.1038/nature09907

A diverse range of gene products are effectors of the type I interferon antiviral response

LETTER

doi:10.1038/nature12862

Pan-viral specificity of IFN-induced genes reveals new roles for cGAS in innate immunity

Article

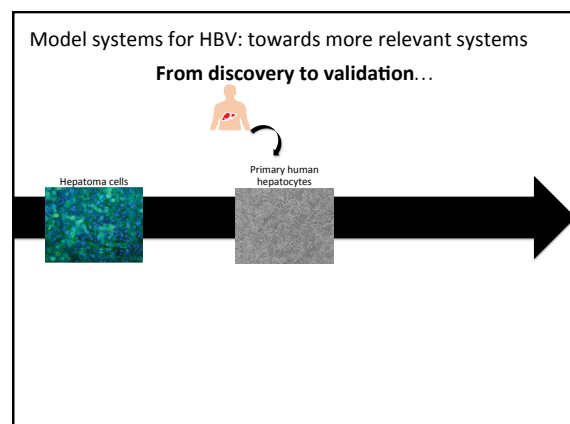
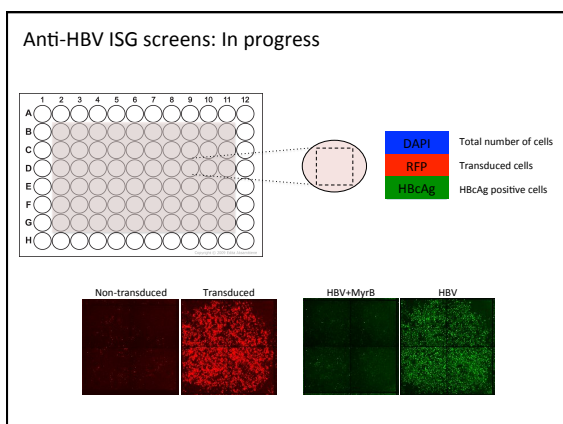
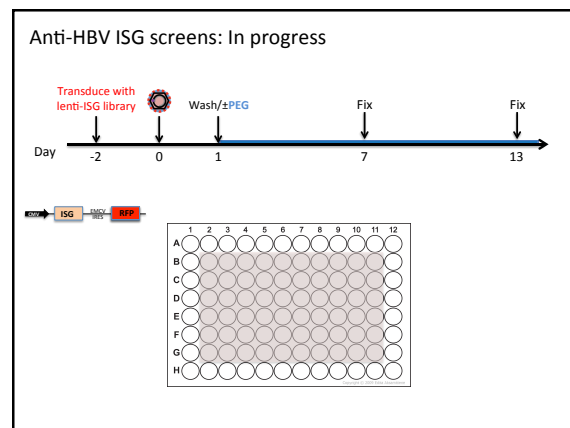
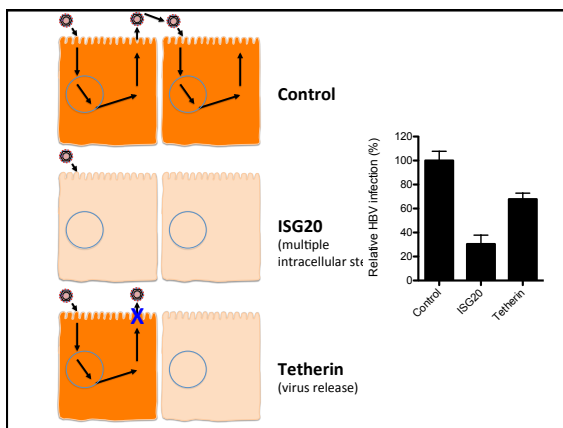
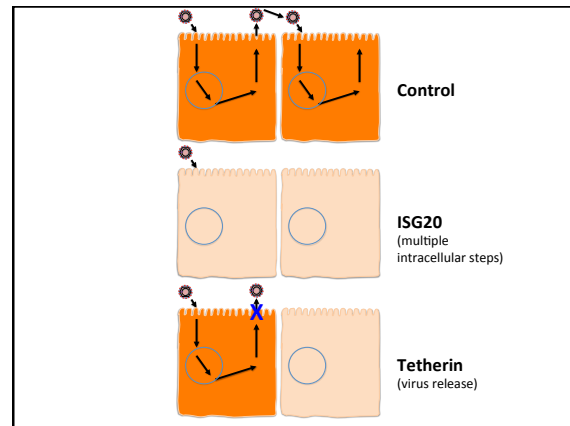
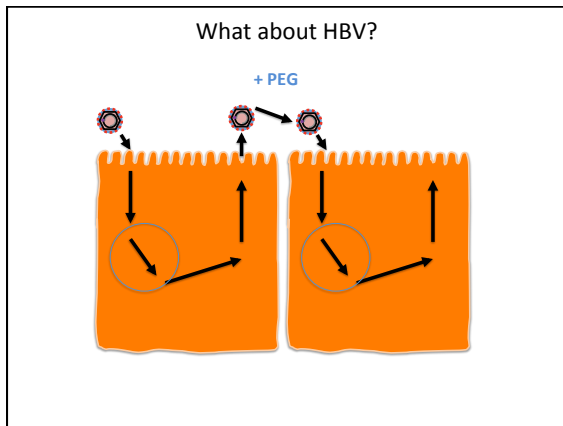
A Serpin Shapes the Extracellular Environment to Prevent Influenza A Virus Maturation

Graphical Abstract



Authors

Meike Dittmann,
Hans-Heinrich Hoffmann, ...,
Paul D. Bieniasz, Charles M. Rice

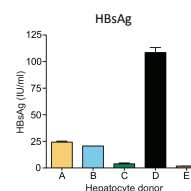
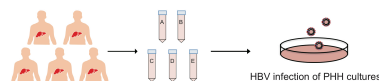


Limitations of primary hepatocyte cultures

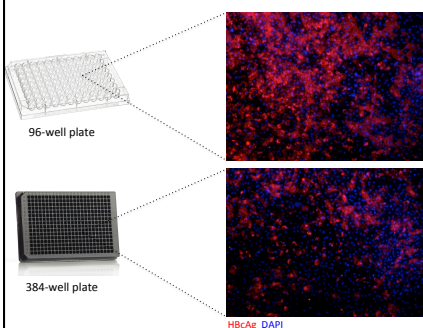
- Donor-to-donor variability
- Limited availability for each donor
- Difficult to maintain in culture
- Cannot be expanded in culture
- Difficult to manipulate genetically

...but remain the gold standard for HBV studies

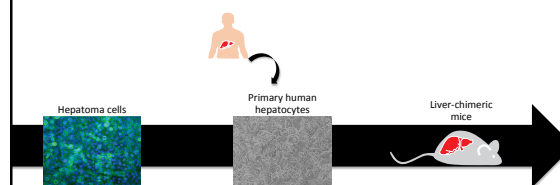
Primary human hepatocytes: not all donors are the same



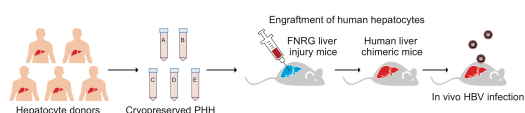
Scalable for high-throughput screens



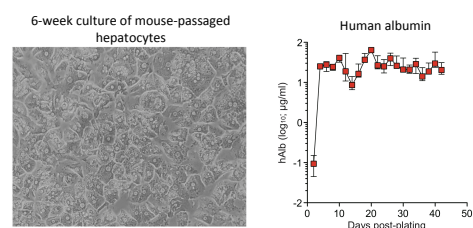
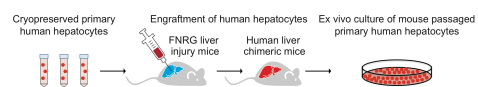
Model systems for HBV: towards more relevant systems

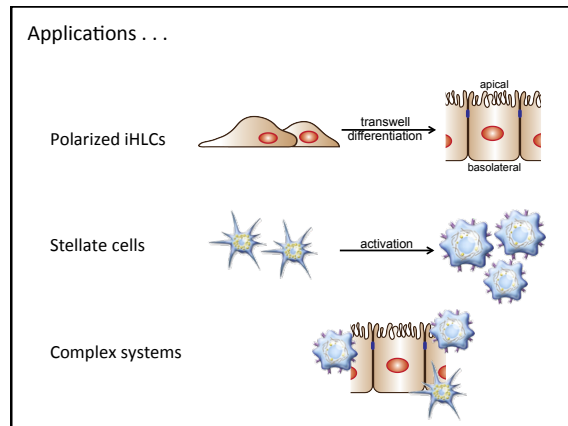
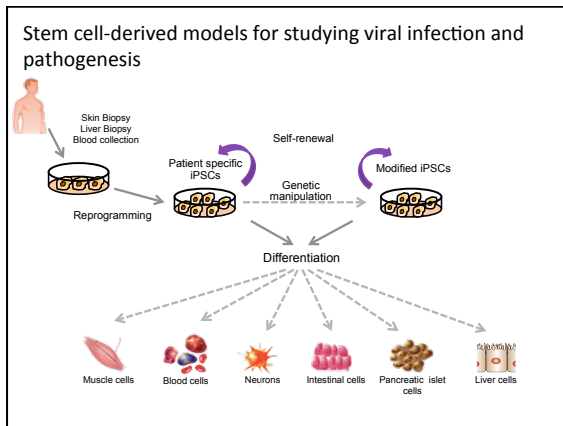


Human liver chimeric mice support HBV infection



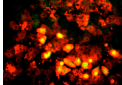
Primary human hepatocytes can be expanded in mice and used in long term in vitro cultures



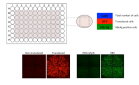


Summary 1


Continuous PEG treatment facilitates HBV spread in HepG2-NTCP cells



HBV spread system can be efficiently applied in antiviral screens

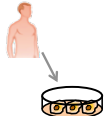


Primary human hepatocytes can be modified in vitro and expanded in liver chimeric mice

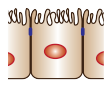


Summary 2

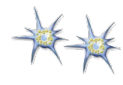
Stem cell derived hepatocytes (HLCs) offer a potential tool for genetic studies and patient derived systems



Polarized HLCs are a suitable system for HEV biology



Stem cells can be used to generate multiple cell types (HLCs, iStellates)



Acknowledgments



HBV
 Leferis Michailidis
 Ype de Jong
 William Schneider
 Paul Park
 Jonathan Pabon

HEV and Stem cells
 Xianfang Wu
 Viet Loan Dao Thi

Collaborators
 Darius Moradpour
 Jérôme Gouttenoire
 University of Lausanne

Amir Shlomai
 Tel Aviv University

Sangeeta N. Bhatia
 MIT

Reagents
 Haitao Guo
 Indiana University

Stephan Urban
 Heidelberg University

