## Prostaglandin  $E_2$ , a seminal constituent, facilitates the replication of acquired immune deficiency syndrome virus in vitro

(plaque-forming assay)

Sachiko Kuno\*, Ryuji Ueno\*, Osamu Hayaishi\*, Hideki Nakashima<sup>†</sup>, Shinji Harada<sup>†</sup>, and Naoki Yamamoto<sup>†</sup>

\*Hayaishi Bioinformation Transfer Project, Research Development Corporation of Japan, c/o Osaka Medical College, 2-7 Daigaku-machi, Takatsuki, Osaka 569, Japan; and tDepartment of Virology and Parasitology, Yamaguchi University School of Medicine, 1144 Kogushi, Ube, Yamaguchi 755, Japan

Contributed by Osamu Hayaishi, January 10, 1986

ABSTRACT Acquired immune deficiency syndrome (AIDS)-associated virus is thought to be transmitted effectively through semen during sexual activities from male to male or from male to female. Prostaglandin  $(PG)$   $E_2$  is one of the immunosuppressive compounds present in high concentrations in human semen. We, therefore, investigated direct effects of PGE<sub>2</sub> and other PGs on AIDS-associated virus infection and replication in vitro. First, type III human T-lymphotropic virus (HTLV-III) was used to infect a T-cell line (MT-4) in culture.  $PGE_2$  (10 nM to 10  $\mu$ M) added to the culture medium enhanced the production of infectious virus in a dose-dependent fashion. In the presence of 5  $\mu$ M PGE<sub>2</sub>, 2.5-fold more virus were released from the infected MT-4 cells as compared to untreated control cells on day 3 after infection. Second, when we used an HTLV-III continuous-producer cell line (Molt-4/HTLV-III),  $PGE<sub>2</sub>$  and  $PGD<sub>2</sub>$  added to the culture medium increased the number of viruses released from Molt-4/HTLV-III cells. Other PGs such as  $PGF_{2\alpha}$  and 13,14-dihydro-15-keto PGE<sub>2</sub> did not affect the replication of HTLV-III in this system. These results indicate that some PGs including seminal PGs enhance the AIDS-associated virus replication in vitro. We propose that  $PGE<sub>2</sub>$  in human semen might directly facilitate the infection of AIDS-associated virus and cause the efficient transmission of the virus during sexual activities.

Acquired immune deficiency syndrome (AIDS) was reported first in 1981 (1, 2). As a transmissible agent of the disease, lymphadenopathy-associated virus (LAV) in 1983 (3), type III human T-lymphotropic virus (HTLV-III) (4), and AIDSassociated retrovirus (5) in 1984 were independently isolated. These retroviruses have so far been accepted to be a primary cause of immunological disorders leading to AIDS or AIDSrelated complex. Epidemiological observations accumulated during past several years has enabled us to predict that the infusion of semen is the most effective route for the horizontal transmission of AIDS-causative virus, except for the direct transmission through blood or blood product transfusion (6). Human semen contains a large number of lymphocytes (7), and furthermore HTLV-III was isolated from T lymphocytes in semen of patients with AIDS (8). Receptive homosexual males, the highest risk group for AIDS, were repeatedly exposed to semen during the anal-genital intercourse of their sexual activities. We have proposed as <sup>a</sup> possible pathogenesis of AIDS in homosexual males that prostaglandin (PG)  $E_2$ , highly enriched in human semen, induces immunosuppression in semen recipients, which can be one of the underlying factors facilitating the AIDScausative virus infection or leading to the development of the disease (9). The concentration of  $PGE_2$  in human semen is more than 100  $\mu$ M (9-11), while the concentration of other PGs such as  $PGD_2$  and  $PGF_{2\alpha}$  is at least 10 times lower.

In this paper, we examine the direct effects of PGs, including seminal PGs in vitro, on the infection and replication of AIDS-causative virus in certain human T-cell lines. The quantitative analysis of infectious viruses was performed by a sensitive plaque-forming assay established by Harada et al. (12-14).

## MATERIALS AND METHODS

**PGs.** PGE<sub>2</sub>, PGD<sub>2</sub>, and PGF<sub>2 $\alpha$ </sub> were kindly supplied by Ono Central Research Institute (Osaka, Japan). 13,14-Dihydro-15-keto  $PGE<sub>2</sub>$  was purchased from Cayman Chemical (Ann Arbor, MI).

T-Cell Lines. HTLV-I-infected MT-4 was established by cocultivating leukocytes from an adult T-cell leukemia patient with cord blood leukocytes (15). A producer cell line of HTLV-III, Molt-4/HTLV-III, was established (16) from HTLV-III-infected Molt-4 cells. Molt-4 is HTLV-I-negative and was obtained from a patient with acute lymphocytic leukemia (17). All Molt-4/HTLV-III cells were positive for HTLV-III-specific antigens. These two cell lines were maintained at  $37^{\circ}$ C in a humidified  $CO_2$  incubator in RPMI 1640 medium (GIBCO) supplemented with 10% (vol/vol) fetal calf serum, 100 units of penicillin per ml, and 100  $\mu$ g of streptomycin per ml (the complete medium).

Virus Preparation. Molt-4/HTLV-III cell suspension was cultured for 4 days at 37°C. After cells were collected by centrifugation at  $1500 \times g$  for 10 min, the supernatant was filtered through a  $0.22$ - $\mu$ m pore size Millipore membrane. This virus preparation, the titer of which was  $6 \times 10^4$ plaque-forming units (pfu)/ml, was stored in a small volume at  $-80^{\circ}$ C until use.

Virus Infection. Infection of MT-4 cells with HTLV-III was made at a multiplicity of infection of 0.0006. After adsorption of HTLV-III (37°C, 1 hr), MT-4 cells, adjusted to  $3 \times 10^5$  cells per ml, were cultured in the complete medium in the presence or absence of various concentrations of PGs. Successive culture of the HTLV-III-infected MT-4 cells was carried out at  $37^{\circ}$ C in a  $CO_2$  incubator. Efficiency of viral infection was analyzed by the decrease in number of viable cells and by an indirect immunofluorescent method. Viable cells were detected by trypan blue dye exclusion method. On the third and fifth days after infection, the number of viruses released into the medium was determined by the plaque-forming assay.

Indirect Immunofluorecence Study. Labeling of HTLV-IIIspecific antigens was performed by the indirect immunofluorescence method described (14). Briefly, HTLV-III-infected cells were smeared on microscope slides, dried, and

The publication costs of this article were defrayed in part by page charge payment. This article must therefore be hereby marked "advertisement" in accordance with 18 U.S.C. §1734 solely to indicate this fact.

Abbreviations: AIDS, acquired immune deficiency syndrome; PG, prostaglandin; pfu, plaque-forming units; HTLV, human Tlymphotropic virus.

fixed for 3 min with cold methanol. Methanol-fixed samples were incubated with serum from a patient with hemophilia diluted 1:1000 (for HTLV-III serum was diluted 1:4096) at  $37^{\circ}$ C for 30 min in a humidified chamber. After washing twice



FIG. 1. Effects of PGE<sub>2</sub> on HTLV-III infection in MT-4 cells. After the adsorption of HTLV-III, MT-4 cells  $(3 \times 10^5 \text{ cells per ml})$ were cultured to 37°C in the complete medium (6 ml) with  $(e)$  or without (o) 10  $\mu$ M PGE<sub>2</sub>. Uninfected MT-4 cells were also cultured in the presence ( $\triangle$ ) or absence ( $\triangle$ ) of 10  $\mu$ M PGE<sub>2</sub>. On day 3, the culture medium was changed to the complete medium with or without 10  $\mu$ M PGE<sub>2</sub>. Cell growth (A) and viability of cells (B) were monitored each day from the second day. At the same time, the percentage of HTLV-III-antigen positive cells (C) was determined by the immunofluorescence method. The medium containing 10  $\mu$ M  $PGE<sub>2</sub>$  was prepared as follows:  $PGE<sub>2</sub>$  was dissolved in pure ethanol at a concentration of 10 mM and stored at  $-20^{\circ}$ C until use. This ethanol solution was diluted 1:1000 with the complete medium shortly before starting culture. The medium for the control contained 0.1% ethanol. Each point in the figures represents the mean  $\pm$  SD of three experiments.

with phosphate-buffered saline (PBS; <sup>137</sup> mM NaCl, 2.68 mM KCl, 8.1 mM  $Na<sub>2</sub>HPO<sub>4</sub>$ , 1.47 mM KH<sub>2</sub>PO<sub>4</sub>, pH 7.4), samples were incubated with fluorescein isothiocyanateconjugated anti-human IgG (Dakopatts, Copenhagen) for 30 min and washed twice with PBS. Fluorescent cells were counted using a microscope, and the percentage of positive cells was calculated.

Plaque-Forming Assay. The number of infectious viruses was determined by the method of Harada et al. (12, 14). This plaque-forming assay was carried out using MT-4 monolayer cells made on a poly(L-lysine)  $(M_r 120,000;$  Sigma)-coated culture dish (35  $\times$  10 mm). We added 100  $\mu$ l of variously diluted virus preparations to the monolayer cells, incubated them for 60 min at room temperature for the adsorption of viruses, and overlayed <sup>1</sup> ml of agarose-overlay medium containing the complete medium and 0.6% agarose (Sea-Plaque agarose, Marine Colloids, Rockland, ME). Dishes were incubated in a  $CO<sub>2</sub>$  incubator at 37 $\degree$ C for 5 or 6 days, and the number of plaques was counted. On day 3, <sup>1</sup> ml of agarose-overlay medium containing neutral red was added to each dish.

## RESULTS

HTLV-HI Infection of MT-4 Cells. After adsorption of HTLV-III, MT-4 cells were cultured in medium with or without  $10 \mu M PGE_2$ . Cell growth and viability of cells were monitored each day from the second day after infection (Fig. 1 A and B). The expression of HTLV-III-specific antigens in host cells that accompanied viral infection was determined by the immunofluorescence method (Fig. 1C). Growth of HTLV-III infected MT-4 cells was inhibited from the third day of infection, and the viability of these cells decreased rapidly, indicating that the virus infection resulted in the cytolysis of MT-4 cells as described (12). Frequency of HTLV-III-antigen positive cells increased from the third day after infection and reached the maximum on the fifth day. In uninfected MT-4 cells, 10  $\mu$ M PGE<sub>2</sub> had no effect on either growth or viability of the cells. However, in the case of  $HTLV-III$ -infected MT-4 cells,  $PGE<sub>2</sub>$  accelerated the growth inhibition and cytolysis (Fig.  $1 \nA$  and  $B$ ). Furthermore, frequency of HTLV-III-antigen positive cells was higher when cells were cultured in the presence of  $PGE_2$  (Fig. 1C). All these findings suggest that  $PGE_2$  added in the culture medium facilitates the virus infection.



FIG. 2. Determination of infectious viruses released from HTLV-III-infected MT-4 cells into the culture medium containing various concentrations of PGE<sub>2</sub>. We performed the infection and culture of MT-4 cells as described in Fig. 1, except for adding various concentrations of  $PGE_2$  (10 nM to 10  $\mu$ M). On days 3 (open bars) and 5 (hatched bars), an aliquot (3 ml) of each culture was centrifuged, and the supernatant, diluted with PBS, was used as a virus preparation. Plaque formation was measured on three plates per sample. The representative result of three experiments is shown in the above figure. Each column represents the mean  $\pm$  SD ( $n = 3$  plates).

PG added, $\mu$ M	HTLV-III released, pfu $\times$ 10 <sup>-4</sup> per ml				
	No added PG	PGE <sub>2</sub>	PGD,	$PGF_{2a}$	$13.14$ -Dihydro-15-keto-PGE <sub>2</sub>
0	$1.96 \pm 0.64$ (100)				
		$3.40 \pm 0.21$ (173)	$4.42 \pm 0.27$ (225)	$1.65 \pm 0.03$ (84)	$2.33 \pm 0.06$ (119)
10		$4.85 \pm 0.23$ (247)	$2.70 \pm 0.22^*$ (138)	$2.60 \pm 0.60$ (132)	$2.47 \pm 0.23$ (126)

Table 1. Effect of PGs on the replication of HTLV-III in Molt-4/HTLV-III cells

Molt-4/HTLV-III cells, adjusted to  $3 \times 10^5$  cells per ml, were cultured at 37°C in the complete medium with or without PGs. Each medium was prepared according to the method described in Fig. 1. After 4 days of culture, the supernatant of Molt-4/HTLV-III cell culture was used for the determination of released infectious viruses by the plaque-forming assay. Each value was the mean  $\pm$  SD ( $n = 3$  plates); values in parentheses are percent of control.

\*Cell viability was markedly reduced ( $\approx 30\%$ ) in the medium containing 10  $\mu$ M PGD<sub>2</sub>, whereas it was not significantly affected ( $\geq 90\%$ ) in the cases of other PGs and  $1 \mu M$  PGD<sub>2</sub>.

To examine the extent to which  $PGE_2$  enhances the replication of HTLV-III in the infected MT-4 cells, we measured the number of virus particles released into the medium by using the plaque-forming assay (Fig. 2). The concentrations of PGE<sub>2</sub> were varied from 10 nM to 10  $\mu$ M. On the third day after infection, the amount of infectious virus released into the medium was increased by the addition of PGE<sub>2</sub>. This effect was dose dependent from 10 nM to 5  $\mu$ M PGE<sub>2</sub>. When 5  $\mu$ M or 10  $\mu$ M PGE<sub>2</sub> was added to the culture medium, the yield of virus reached a value more than twice (2.5 and 2.3 times, respectively) that of the control. Essentially similar results were observed on the fifth day, although the number of infectious viruses had increased during the two additional days in culture. These results obtained by means of plaque-forming assays present direct evidence that  $PGE_2$ enhances the replication of HTLV-III in the host cells.

To determine the specificity of PG on the stimulation of virus replication, we examined effects of  $PGF_{2\alpha}$  and 13,14dihydro-15-keto PGE<sub>2</sub>, a metabolite of PGE<sub>2</sub>. Neither of these PGs up to 10  $\mu$ M had significant effects on the number of viruses released into the culture medium on the third day (data not shown).

An HTLV-III-Producer Cell Line, Molt-4/HTLV-III. We next investigated effects of PGs on viral replication in HTLV-III producer cells (Molt-4/HTLV-III) to determine whether  $PGE<sub>2</sub>$  affects processes after integration of the viral genome into the host genome. The addition of 10  $\mu$ M PGE<sub>2</sub> increased the number of viruses released into the medium by 2.5 times (Table 1) while not affecting cell growth and viability of Molt-4/HTLV-III cells. Among PGs investigated,  $1 \mu$ M PGD<sub>2</sub> also significantly increased the yield of virus. The stimulatory effect of  $PGD<sub>2</sub>$  was rather reduced at a higher concentration (10  $\mu$ M), presumably due to the cytotoxic effect of PGD<sub>2</sub>. On the other hand, the effects of  $\overline{PGF}_{2\alpha}$  and 13,14-dihydro-15-keto  $PGE_2$  were insignificant (Table 1).

## DISCUSSION

To investigate the in vitro effects of PGs—including  $PGE<sub>2</sub>$ , a major PG in human semen-on AIDS-causative virus infection and replication, we chose MT-4 cell line as the target cell and HTLV-III as the AIDS-causative virus. This system has the following advantages as reported (12-14). First, MT-4, a HTLV-I-infected cell line, is one of the most susceptible cell lines to HTLV-III infection. Second, MT-4 cells are lysed by AIDS-causative virus infection, which could be a good in vitro model to study the clinical symptoms of AIDS. Third, although MT-4 cells are infected and transformed by HTLV-I, the plaque-forming activity was expressed only after HTLV-III infection. Our data presented here showed that  $PGE_2$ enhanced the infection of HTLV-III in MT4 cells. Furthermore, in the HTLV-III-producer cell line Molt4/HTLV-III, concentrations of PGE<sub>2</sub> up to 10  $\mu$ M increased the number of viruses released into the culture medium without any change of growth and viability of cells. These results indicate that  $PGE_2$ 

or its metabolites may activate the transcription and/or translation of HTLV-III genes integrated in the host genome or the maturation leading to the production of infectious virus particles. It is not clear whether  $PGE<sub>2</sub>$  also participates in an early phase of infection before the integration of the viral genome into the host genome in the freshly infected MT-4 cells. The mechanism of action of  $PGE<sub>2</sub>$  has yet to be elucidated. The activity of the reverse transcriptase of HTLV-III was not directly affected by 10  $\mu$ M PGE<sub>2</sub> in preliminary experiments (unpublished results).

 $PGE_2$  and  $PGD_2$  showed the stimulatory effect on virus replication, whereas  $PGF_{2\alpha}$  and 13,14-dihydro-15-keto  $PGE_2$ had no effect.  $PGE_2(18,19)$  and  $PGD_2(11,20)$  are well known to be immunosuppressive in vivo and in vitro. With regard to  $PGD<sub>2</sub>$  in the immune system, Park *et al.* (21) demonstrated that  $PGD<sub>2</sub>$ -synthesizing activity is the highest among the three PG (PGE<sub>2</sub>, PGD<sub>2</sub>, and PGF<sub>2 $\alpha$ </sub>)-synthesizing activities in thymus and spleen of adult rats. Therefore, the  $PGD<sub>2</sub>$ induced stimulation of virus replication in Molt-4/HTLV-IIl cells might be an undesirable action of  $PGD<sub>2</sub>$  on T lymphocytes. Although both  $PGE_2$  and  $PGD_2$  showed the stimulatory effects on AIDS-causative virus replication in vitro as described above, the role of PGD<sub>2</sub> appears insignificant because human semen is almost devoid of  $PGD<sub>2</sub>$  (9).

We proposed that seminal  $PGE_2$  or its metabolites repeatedly introduced through the anus causes immunosuppression in the semen recipients, and the immunosuppressed people are more susceptible to AIDS-causative virus (9). Furthermore, in this paper, we present the direct in vitro evidence that  $PGE<sub>2</sub>$  facilitates the infection and replication of AIDScausative virus. These findings may provide a reasonable explanation for the efficient transmission of AIDS-causative virus through semen.

We acknowledge Prof. M. Hatanaka of Kyoto University for helpful discussions. We also thank Miss H. Nishikawa and Mrs. Y. Koyanagi for their secretarial assistance.

- 1. Centers for Disease Control (1981) Morbid. Mortal. Wkly. Rep. 30, 250-252.
- 2. Centers for Disease Control (1981) Morbid. Mortal. Wkly. Rep. 30, 305-308.
- 3. Barre-Sinoussi, F., Chermann, J. C., Rey, F., Nugeyre, M. T., Chamaret, S., Gruest, J., Dauguet, D., Axler-Shin, C., Vezinet-Bruin, C., Rouzioux, C., Rosenbaum, W. & Moutagnier, L. (1983) Science 220, 868-871.
- Popovic, M., Sarngadharan, M. G., Read, E. & Gallo, R. C. (1984) Science 224, 497-500.
- 5. Levy, J. A., Hoffman, A. D., Dramer, S. M., Landis, J. A., Shimabukuro, J. M. & Oshiro, L. S. (1984) Science 225, 840-842.
- Allen, T. R. (1984) in AIDS: A Basic Guide for Clinicians, eds. Ebbesen, P., Biggar, R. J. & Melbye, M. (Munksgaard, Copenhagen), pp. 15-52.
- 7. Olsen, G. P. & Shield, J. W. (1984) Nature (London) 309, 116-117.
- 8. Zagury, D., Fouchard, M., Cheynier, R., Bernard, J., Cattan,

A., Salahuddin, S. Z. & Sanin, P. S. (1985) Cancer Res. 45, Suppl., 4595-4597.

- 9. Kuno, S., Ueno, R. & Hayaishi, 0. (1986) Proc. Nati. Acad. Sci. USA 83, 2682-2683.
- 10. Bergström, S. (1967) Science 157, 382-391.
- 11. Eliasson, R. (1968) Fertil. Steril. 19, 344-350.
- 12. Harada, S., Koyanagi, Y. & Yamamoto, N. (1985) Science 229, 563-566.
- 13. Harada, S. & Yamamoto, N. (1985) Gann 76, 432-435.<br>14. Harada, S., Koyanagi, Y. & Yamamoto, N. (1985) Vi
- Harada, S., Koyanagi, Y. & Yamamoto, N. (1985) Virology 146, 272-281.
- 15. Miyoshi, I., Taguchi, H., Kubonishi, I., Yoshimoto, S., Ohtsuki,

Y., Shiraishi, Y. & Akagi, T. (1982) Gann 28, 218-228.

- 16. Koyanagi, Y., Harada, S., Takahashi, M., Uchino, F. &
- Yamamoto, N. (1985) *Int. J. Cancer 36*, 445–451.<br>17. Minowada, J., Ohnuma, T. & Moore, G. E. (1972) J. Natl. Cancer Inst. 49, 891-895.
- 18. Goodwin, T. S. & Ceuppens, J. (1983) J. Clin. Immunol. 3, 295-315.
- 19. Petit, J.-C., Burghoffer, R. D. & Daguet, G.-L. (1985) Infect. Immun. 49, 383-388.
- 20. Burchiel, S. W. (1979) Prostaglandins Med. 3, 315-320.

 $\boldsymbol{\prime}$ 

21. Park, S. W., Ueno, R. & Hayaishi, 0. (1985) Biochem. Int. 10, 873-879.