



## Detection of HCV RNA by the asymmetric gap ligase chain reaction.

R L Marshall, T G Laffler, M B Cerney, et al.

*Genome Res.* 1994 4: 80-84

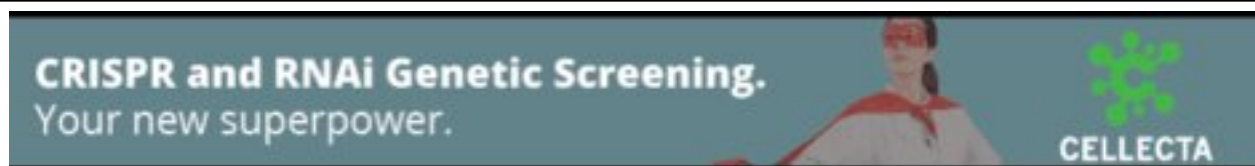
---

**References** This article cites 18 articles, 8 of which can be accessed free at:  
<http://genome.cshlp.org/content/4/2/80.full.html#ref-list-1>

### License

**Email Alerting Service** Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article or [click here](#).

---



---

To subscribe to *Genome Research* go to:  
<https://genome.cshlp.org/subscriptions>

---

Copyright © Cold Spring Harbor Laboratory Press

# Detection of HCV RNA by the Asymmetric Gap Ligase Chain Reaction

R.L. Marshall, T.G. Laffler, M.B. Cerney, J.C. Sustachek, J.D. Kratochvil, and R.L. Morgan

Abbott Laboratories, Molecular Diagnostics, Abbott Park, Illinois 60064

**The ligase chain reaction (LCR) and the gap ligase chain reaction (gLCR) are exponential amplification techniques for the detection of DNA sequences in a sample. Both techniques depend on the enzyme, DNA ligase, to join adjacent probes annealed to a DNA molecule. However, DNA ligase joins DNA inefficiently on an RNA target. Consequently, LCR and gLCR cannot amplify RNA efficiently. RNA detection methods using LCR or gLCR require a cDNA synthesis step. The carryover of four dNTPs from the cDNA reaction inhibits gLCR. Although LCR can use cDNA reaction products directly, background generated by blunt-end ligation does not allow the high sensitivity typically needed for HIV or HCV detection. The asymmetric gap ligase chain reaction (AGLCR) is a modification of gLCR that allows for the detection of RNA by using  $\leq 3$  of the 4 nucleotides in the cDNA step and the gLCR step. Fewer than 50 copies of synthetic RNA transcript can be reproducibly detected. HCV, an RNA virus with no DNA intermediate, was chosen as the initial RNA model system. HCV antibody-positive and normal samples were analyzed, and the results were found to correlate with the results obtained using nested RNA-PCR. AGLCR provides a new nucleic acid amplification technique that can aid in the diagnosis of disease when the detection of RNA is critical.**

**A** number of techniques are available for the detection of RNA. For high sensitivity, exponential amplification techniques such as PCR and ligase chain reaction (LCR) are necessary. LCR utilizes four probes: two adjacent probes specific for one strand of the DNA and two adjacent probes complementary to the first two probes. Hybridization of adjacent probes to a DNA target forms a ligatable substrate for thermostable DNA ligase. The ligated probes subsequently serve as a DNA target for aligning the opposite sense adjacent probes. Repeated cycles of denaturation, annealing, and ligation result in exponential amplification.<sup>(1-13)</sup> The sensitivity of blunt LCR may be limited, possibly by target-independent ligation.<sup>(2)</sup> This may preclude the use of this method when high sensitivity is needed. Gap LCR (gLCR) is a version of LCR where the probes are not adjacent but are separated by 2 to 3 bases on both the sense and antisense strand.<sup>(14,15)</sup> This prevents target-independent ligation. A thermostable DNA polymerase, supplied with  $< 4$  dNTPs, adds the missing bases to the 3' internal end of one of the two probes using the DNA target as template. Once the gap between the two probes is filled, the probes are once again adjacent and can be ligated. The same process occurs on the opposite strand. Both LCR and gLCR work well on DNA but not on RNA targets. DNA ligase ligates adjacent DNA oligonucleotides that are hybridized to an RNA target very inefficiently (data not shown). RNA is detected indirectly by synthesis of a cDNA prior to LCR or gLCR. The presence of all four dNTPs from the cDNA reaction interferes with gLCR by allowing uncontrolled extension of the LCR probes by the polymerase. Therefore, the dNTPs must be removed from the cDNA product quan-

titatively before the cDNA can be amplified by gLCR.

Asymmetric gLCR (AGLCR) is a version of gLCR that allows the direct use of cDNA reaction products. Sequences have been identified and probes designed to give asymmetric gaps between the sense and antisense gLCR probes. The sequences of the gaps contain  $\leq 3$  of the 4 possible nucleotides. This controls extension of the probes and allows the product of the cDNA reaction to be used directly in the gLCR step. Such sequences are abundant in hepatitis C virus (HCV), human immunodeficiency virus (HIV), and all of the potential targets investigated to date. The gaps are described as asymmetric because there is a large gap between the probes that are complementary to the RNA target and a small gap between the probes that are the same sense as the RNA target. A four-probe AGLCR design is illustrated in Figure 1. This design typically allows the 9- to 15-base cDNA extension of the AGLCR probe (probe 4) using  $\leq 3$  of the 4 dNTPs. The extended portion is complementary to a 9- to 15-base sequence at the 3' end of the opposite sense AGLCR probe (probe 1). When all AGLCR probes are allowed to hybridize, the extended cDNA AGLCR probe (probe 4) enables the formation of a four-probe DNA complex ligatable by DNA ligase. This ligated DNA product is then amplified by gLCR. If no RNA target-dependent cDNA extension occurs, the hybridization complex cannot form and amplification cannot take place.

## MATERIALS AND METHODS

### AGLCR

The first step of AGLCR is a limited cDNA synthesis in which one of the four LCR



bated at 37°C for 30 min followed by 99°C for 5 min to inactivate the reverse transcriptase and 4°C for 5 min.

### AGLCR cDNA Amplification

The AGLCR mixture (180  $\mu$ l) was added to the 20- $\mu$ l cDNA reaction. The LCR mixture contained  $1 \times 10^{12}$  molecules of LCR probes 1, 2, and 3, 9000 units of thermostable *Thermus thermophilus* DNA ligase (Abbott Laboratories, Abbott Park, IL), and 0.5 units of thermostable *Thermus* sp. DNA polymerase (MBR, Milwaukee, WI) in a buffer consisting of Tris-HCl (pH 7.7), 19 mM KCl, and 30 mM MgCl<sub>2</sub>. The LCR reaction was cycled (denaturation and annealing extension/ligation) for 40–43 cycles of 97°C for 1 sec, 55°C for 1 sec, and 62°C for 50 sec in a model 480 Thermal Cycler (Perkin-Elmer, Norwalk, CT).

### IMx Microparticle Enzyme Immunoassay Detection

AGLCR product was detected by microparticle enzyme immunoassay (MEIA) automated by the Abbott IMx.<sup>(18)</sup> Only the complete bidentate LCR product could be captured by microparticles and detected by conjugate. The hapten fluorescein (Fl) was used on the 5' end of probe 1 and the 3' end of probe 2 to enable the anti-hapten-antibody microparticle capture of AGLCR product. The hapten biotin was used on the 3' end of probe 3 and the 5' end of probe 4 to enable the anti-hapten-antibody alkaline phosphatase conjugate detection. The substrate methylumbelliferyl phosphate (MUP) is converted to a fluorescent product by alkaline phosphatase,

indicating the presence of complete LCR product. The rate at which the fluorescent product is generated was expressed in counts per second per second (c/s/s).

### Oligonucleotide Probe Synthesis

Oligonucleotide probes were synthesized on an ABI 394 DNA synthesizer and purified by gel electrophoresis. Quantitation was by OD<sub>260</sub>.

### HCV Probes and Primers

HCV AGLCR and PCR primers were chosen from the highly conserved 5'-untranslated region of the HCV virus. The set of four AGLCR probes mapped to nucleotide positions 253–313 (Table 1 and Fig. 1). The set of first-round PCR primers (C2 and 19-1) amplified a 250-bp product in the 5'-untranslated region of HCV. The internal primer set (C1 and 4-1) resulted in the amplification of a 157-bp nested PCR product (Table 1).

### RNA Templates

Plasmid pHCV 136-7, containing the 5'-untranslated region of HCV was provided by Suresh Desai (Abbott Laboratories). It was confirmed by DNA sequencing to contain the 281-bp HCV nucleotide sequence 19–299 (HPCHUMR, GenBank v. 71, accession no. M58335). HindIII-linearized pHCV136-7 was used for transcription.

Positive control RNA was made by transcription using the Riboprobe II kit (Promega Corp., Madison, WI) according to the manufacturer's instructions. Reactions were extracted with 1 volume

of 10 mM Tris-HCl (pH 8) and 1 mM EDTA (TE)-saturated phenol/chloroform. The upper aqueous phase was isolated and extracted with an equal volume of chloroform/isoamyl alcohol (24:1). The upper aqueous phase was reisolated, and 0.5 volume of 7.5 M ammonium acetate and 2.5 volumes of ethanol were added. RNA was precipitated for 30 min at –20°C followed by a 5-min centrifugation at 10,000g. The RNA pellet was washed with 70% ethanol, centrifuged, and resuspended in TE. The RNA concentration was determined spectrophotometrically by OD<sub>260</sub>. Ribosomal 16S and 23S RNA (Boehringer Mannheim, Indianapolis, IN) at 2.0 ng/2  $\mu$ l was used as a carrier in all dilutions of RNA and as an AGLCR/PCR-negative control.

### Clinical Samples

HCV plasma samples from both antibody-negative and -positive human donors were purchased from Antibody Systems, Inc. (Bedford, TX), Consumer Biologicals, Inc. (Miami, FL), Serologicals, Inc. (Clarkston, GA), LifeSource (Glenview, IL), and The Blood Center of Southeastern Wisconsin (Milwaukee, WI).

### Sample Preparation

RNA was isolated using the RNeasy B kit (Tel/Test, Inc., Friendswood, TX) according to the manufacturer's instructions. Plasma (100  $\mu$ l) was added to 900  $\mu$ l of the RNeasy B reagent. MS2 RNA was used as carrier RNA for the precipitation steps. The prepared RNA was precipitated as above and resuspended in 20  $\mu$ l of diethyl pyrocarbonate (DEPC)-treated wa-

TABLE 1 Oligonucleotide Probes and Primers

HCV target			
type	position		Sequence (5' → 3')
AGLCR 1	253–287	(5' UTR)	bt-GCCGAGTAGTGTTGGGTCGCGAAAGGCCTGTGGT
AGLCR 3	290–313	(5' UTR)	p-TGCCTGATAGGGTGCTTGCGAGTG-fl
AGLCR 4	c312–288	(5' UTR)	fl-ACTCGCAAGCACCTATCAGGCAGT
AGLCR 2	c276–252	(5' UTR)	p-TTTCGCGACCCAACACTACTCGGCT-bt
PCR (19-1)	19–45	(5' UTR)	C ACCATAGATCACTCCCCTGTGAGGAA
PCR (C2)	c268–250	(5' UTR)	C TTTCGCGACCCAACACTA
PCR (4-1)	100–121	(5' UTR)	A GCCTCCAGGACCCCCCTCCC
PCR (C-1)	c237–256	(5' UTR)	A ACACTACTCGGCTAGCAGT

Nucleotide sequences were derived from GenBank v. 71, HCV accession number M58335. The haptens fluorescein (fl) and biotin (bt) were used for detection of AGLCR product by enzyme immunoassay. AGLCR probes 3' to the gap were 5' phosphorylated (p) to allow ligation to the 3' hydroxyl groups. Nucleotide sequences complementary to HCV RNA are designated by the letter c.

ter (5'-3' Inc., Boulder, CO). Purified RNA (2  $\mu$ l) equivalent to 10  $\mu$ l of original plasma, was used in AGLCR and PCR assays.

## RNA-PCR

RNA was reverse transcribed and amplified using the GeneAmp RNA PCR kit (Perkin-Elmer, Norwalk, CT) as follows. Reverse transcription reactions were performed by incubating 2  $\mu$ l of RNA in a 20- $\mu$ l reaction containing 1 mM of each deoxyribonucleotide (dATP, dGTP, dCTP, dTTP), 50 units of reverse transcriptase, 20 units of RNase inhibitor, 0.75  $\mu$ M antisense primer (C2), 10 mM Tris-HCl (pH 8.3), 50 mM KCl, and 5 mM MgCl<sub>2</sub>. Reactions were terminated by incubation at 99°C for 5 min, followed by 5°C for 5 min. PCR amplification of the cDNA was performed in a 100- $\mu$ l volume containing a final concentration of 2.5 units of AmpliTaq DNA polymerase and 0.15  $\mu$ M sense primer (19-1) in 10 mM Tris-HCl (pH 8.3) 50 mM KCl, and 2 mM MgCl<sub>2</sub>. Reactions were incubated at 95°C for 2 min, followed by 35 cycles of denaturation at 95°C for 1 min and annealing/extension at 60°C for 1 min. A final extension was performed at 60°C for 7 min. Thermal cycling was performed with a model 480 thermal cycler (Perkin-Elmer, Norwalk, CT).

Nested PCR (nPCR) was performed by the addition of 2  $\mu$ l (1/50 volume) of the first-round PCR reaction to 98  $\mu$ l of PCR mixture containing a final concentration of 0.15  $\mu$ M each of antisense primer (C1) and sense primer (4-1), 200  $\mu$ M dATP, dGTP, dCTP, and dTTP, and 2.5 units of AmpliTaq DNA polymerase in 10 mM Tris-HCl (pH 8.3), 50 mM KCl, and 2 mM MgCl<sub>2</sub>. Cycling conditions were identical to first-round PCR. PCR products were electrophoresed on 3% NuSieve/1% SeaKem LE agarose (FMC Corp., Rockland, MA) in the presence of 90 mM Tris-borate (pH 8.0) and 2 mM EDTA buffer (TBE), containing 500 ng/ml of ethidium bromide (EtBr).

## RESULTS

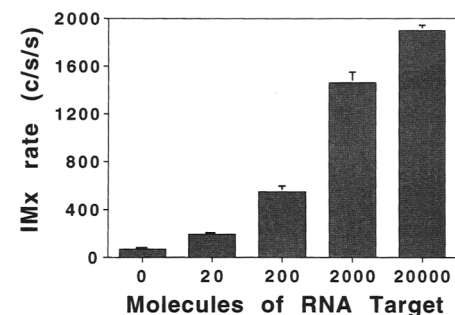
### Sensitivity of AGLCR

Twenty molecules of HCV-purified recombinant RNA transcript were detected by AGLCR (Fig. 3). In our hands, this was equivalent to the sensitivity of nested RNA-PCR using gel electrophoresis and

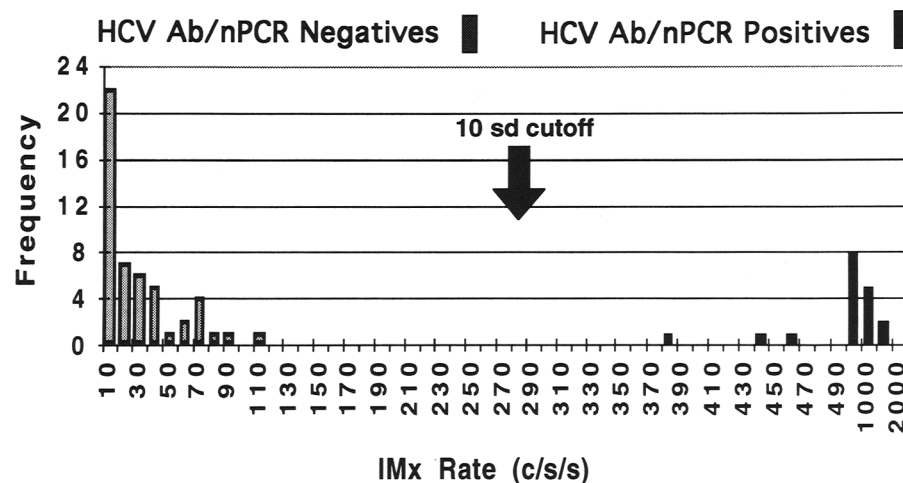
EtBr as the product detection method (data not shown). No amplification was detected using RNA as a target when reverse transcriptase was omitted from the cDNA step. This verified that the reaction detected RNA and not residual DNA.

### Sample Data

The ability of HCV AGLCR to differentiate negative from positive samples was tested with 50 normal HCV antibody-negative donor samples and 18 HCV-positive donor samples. Two microliters of each purified RNA, equivalent to 10  $\mu$ l of plasma, was tested. HCV viremia was detected in all 18 of the HCV antibody-positive samples, and none of the normal donor samples were positive for HCV RNA (Fig. 4). The mean of the antibody-negative samples was 32.18 c/s/s with a standard deviation of 25.32 c/s/s. Ten standard deviations above the mean of the negative sample population (285.38 c/s/s) was chosen as the cutoff to differentiate positive samples from negative samples. This number of standard deviations would be acceptable for a screening assay. The AGLCR results correlated 100% with HCV antibody status and with PCR in this limited study.



**FIGURE 3** Sensitivity of AGLCR. The sensitivity of AGLCR was determined using purified synthetic RNA transcripts made from HCV DNA cloned into the transcription vector pKS+ Bluescript (pHCV 136-7). The RNA was quantitated spectrophotometrically by A<sub>260</sub>. Dilutions of the HCV RNA were made into 2 ng/ $\mu$ l of carrier RNA (16S/23S rRNA). The carrier RNA also served as the negative control. RNA (2  $\mu$ l) was tested in duplicate by AGLCR. MMLV reverse transcriptase was used in the cDNA step and followed by 40 cycles of gPCR. Twenty molecules of purified HCV transcript RNA were detected over the rRNA used as a negative control (shown as the 0 target data point). Error bars (1 s.d.) are included for all data points. The 20-molecule RNA control mean is separated from the rRNA negative control mean by 5 s.d.s. The amount of amplicon produced was quantitated by a MEIA performed on the Abbott IMx analyzer.



## DISCUSSION

AGLCR is a variant of gLCR, which allows the sensitive detection of RNA as well as DNA. Its ability to detect RNA was demonstrated with HCV-containing samples where no DNA exists. We have shown that AGLCR can detect as few as 20 copies of purified recombinant RNA templates and is comparable to RNA-PCR, using EtBr-stained gels as the PCR product detection method. AGLCR detects DNA ~10-fold better than RNA (data not shown). This indicates an apparent inefficiency in the cDNA step. Therefore, appropriate techniques or controls must be included to ensure that AGLCR or RNA-PCR signal is generated from RNA and not DNA.

The AGLCR technique has been applied to the detection of HCV RNA in clinical samples. HCV viremia was detected easily in HCV antibody-positive donors but not in antibody-negative normal donors. AGLCR has the potential, as does RNA-PCR, to detect HCV early in the course of infection before seroconversion or antigenemia has occurred. Seroconversion takes an average of 22 weeks to occur after infection, but viral RNA can be detected as early as 10–14 days postexposure.<sup>(17,19)</sup> The utility of AGLCR for the detection of HCV viremia prior to seroconversion and its value for the study of the natural history of HCV infection and therapeutic monitoring are under investigation. The use of HCV RNA as a marker for persistent HCV viremia has been demonstrated.<sup>(20)</sup> It may be used also to differentiate patients with ongoing active HCV infection from those with an acute resolving disease.<sup>(20)</sup> AGLCR is a new nucleic acid amplification technique for RNA detection. AGLCR should prove to be a highly sensitive and valuable research and diagnostic tool for the detection of RNA pathogens. Potentially, AGLCR may be useful in the analysis of mRNAs in genetic diseases, mRNA expression levels, and the detection of structural RNAs of pathogens.

## ACKNOWLEDGMENTS

We thank Mike Klass and George Dawson for helpful discussions and Eve Anderson for review of the manuscript.

## REFERENCES

- Backman, K. 1992. Ligase chain reaction: Diagnostic technology for the 1990s and beyond. *Clin. Chem.* **38**: 457–458.
- Barany, F. 1991. Genetic disease detection and DNA amplification using cloned thermostable ligase. *Proc. Natl. Acad. Sci.* **88**: 189–193.
- Barany, F. 1991. Ligase chain reaction in a PCR World. *PCR Methods Applic.* **5**: 5–16.
- Birkenmeyer, L. and A. Armstrong. 1992. Preliminary evaluation of the ligase chain reaction for specific detection of *Neisseria gonorrhoeae*. *J. Clin. Microbiol.* **30**: 3089–3094.
- Bond, S., J. Carrino, H. Hampl, K. Hanley, L. Rinehardt, and T. Laffler. 1990. New methods of detection of HPV. In *Papillomaviruses in epidermoid precancers* (ed. J. Monsenego), pp. 425–434. Raven Press, New York.
- Dille, B.J., C.C. Butzen, and L. Birkenmeyer. 1993. Amplification of *Chlamydia trachomatis* DNA by ligase chain reaction. *J. Clin. Microbiol.* **31**: 729–731.
- Hampl, H., R.L. Marshall, T. Perko, and N. Solomon. 1991. Alternative methods for DNA probing in diagnosis: Ligase chain reaction (LCR). In *PCR topics* (ed. A. Rolfs, H.C. Schumacher, and P. Marx), pp. 15–22. Springer-Verlag, Berlin, Germany.
- Iovannisci, D.M. and E.M. Winn-Deen. 1993. Ligation amplification and fluorescence detection of *Mycobacterium tuberculosis* DNA. *Mol. Cell. Probes* **7**: 35–43.
- Laffler, T.J., J.J. Carrino, and R.L. Marshall. 1993. The ligase chain reaction in DNA-based diagnostics. *Ann. Biol. Clin.* **50**: 821–826.
- Landegren, U., R. Kaiser, J. Sanders, and L. Hood. 1988. A ligase-mediated gene detection technique. *Science* **241**: 1077–1080.
- Winn-Deen, E.S. and D.M. Iovannisci. 1991. Sensitive fluorescence method for detecting DNA ligation amplification products. *Clin. Chem.* **7**: 179–186.
- Winn-Deen, E.S., C.A. Batt, and M. Wiedmann. 1993. Non-radioactive detection of *Mycobacterium tuberculosis* LCR products in a microtitre plate format. *Mol. Cell. Probes* **7**: 179–186.
- Wu, D.W. and R. B. Wallace. 1989. The ligation amplification reaction (LAR) — Amplification of specific DNA sequences using sequential rounds of template-dependent ligation. *Genomics* **4**: 560–569.
- Birkenmeyer, L.G. and I.K. Mushahwar. 1991. DNA probe amplification methods. *J. Virol. Methods* **35**: 117–126.
- M.J. Wolcott. 1992. Advances in nucleic acid-based detection methods. *Clin. Microbiol. Rev.* **5**: 370–386.
- Meyers, T.W. and D.H. Gelfand. 1991. Reverse transcription and DNA amplification by a *Thermus thermophilus* DNA polymerase. *Biochemistry* **30**: 7661–7666.
- Young, K.K.Y., R.M. Resnick, and T.W. Meyers. 1993. Detection of hepatitis C virus by a combined reverse transcription-polymerase chain reaction assay. *J. Clin. Microbiol.* **31**: 882–886.
- Fiore, M., J. Mitchell, T. Doan, R. Nelson, G. Winter, C. Grandone, K. Zeng, R. Haraden, J. Smith, K. Harris, J. Leszczynski, D. Berry, S. Safford, G. Barnes, A. Scholnick, and K. Ludington. 1988. The Abbott IMx automated bench top immunochemistry analyzer system. *Clin. Chem.* **34**: 1726–1732.
- Alter, H.J., R.H. Purcell, J.W. Shih, J.C. Melpolder, M. Houghton, Q. Choo, and G. Kuo. 1989. Detection of antibody to hepatitis C virus in prospectively followed transfusion recipients with acute and chronic non-A, non-B hepatitis. *New Engl. J. Med.* **321**: 1494–1500.
- Schlauder, G.G., G.J. Leverenz, L. Mattsson, O. Weiland, and I.K. Mushahwar. 1992. Detection of hepatitis C viral RNA by the polymerase chain reaction in serum of patients with post-transfusion non-A, non-B hepatitis. *J. Virol. Methods* **37**: 189–200.

Received March 21, 1994; accepted in revised form July 6, 1994.