

immunoglobulin for the treatment of severe acute respiratory infections of viral etiology: a systematic review and exploratory meta-analysis. *J Infect Dis* 2015;211:80–90.

- [15] Nagashima S, Takahashi M, Kobayashi T, Tanggis, Nishizawa T, Nishiyama T, et al. Characterization of the quasi-enveloped hepatitis E virus particles released by the cellular exosomal. *Pathway. J Virol* 2017;91.
- [16] Victor JC, Monto AS, Surdina TY, Suleimenova SZ, Vaughan G, Nainan OV, et al. Hepatitis A vaccine versus immune globulin for postexposure prophylaxis. *N Engl J Med* 2007;357:1685–1694.
- [17] Feng Z, Hensley L, McKnight KL, Hu F, Madden V, Ping L, et al. A pathogenic picornavirus acquires an envelope by hijacking cellular membranes. *Nature* 2013;496:367–371.
- [18] Brown JF, Dye JM, Tozay S, Jeh-Mulbah G, Wohl DA, Fischer 2nd WA, et al. Anti-Ebola virus antibody levels in convalescent plasma and viral load after plasma infusion in patients with Ebola virus disease. *J Infect Dis* 2018.
- [19] Montpellier C, Wychowski C, Sayed IM, Meunier JC, Saliou JM, Ankavay M, et al. Hepatitis E virus lifecycle and identification of 3 forms of the ORF2 capsid protein. *Gastroenterology* 2018;154, 211–223 e218.
- [20] Yin X, Ying D, Lhomme S, Tang Z, Walker CM, Xia N, et al. Origin, antigenicity, and function of a secreted form of ORF2 in hepatitis E virus infection. *Proc Natl Acad Sci U S A* 2018.
- [21] Suneetha PV, Pischke S, Schlaphoff V, Grabowski J, Fyttili P, Gronert A, et al. Hepatitis E virus (HEV)-specific T-cell responses are associated with control of HEV infection. *Hepatology* 2012;55:695–708.

Michael Ankcorn^{1,2,*}
Jennifer Gallacher³
Samreen Ijaz¹
Yusri Taha⁴
Heli Harvala²
Sheila MacLennan⁵
Emma C. Thomson⁶
Chris Davis⁶
Joshua B. Singer⁶

Ana da Silva Filipe⁶
Katherine Smollett⁶
Marc Niebel⁶
Malcolm G. Semple⁷
Richard S. Tedder^{1,2,8}
Stuart McPherson^{3,9,*}

¹Blood Borne Virus Unit, Virus Reference Department, National Infection Service, Public Health England, Colindale, London, UK

²Transfusion Microbiology, National Health Service Blood and Transplant, London, UK

³Liver Unit, Freeman Hospital, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle, UK

⁴Departments of Virology and Infectious Diseases, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle, UK

⁵Transfusion Medicine, National Health Service Blood and Transplant, Leeds, UK

⁶MRC-University of Glasgow Centre for Virus Research, Glasgow, UK

⁷Institute of Translational Medicine, University of Liverpool, Liverpool, UK

⁸Department of Medicine, Imperial College London, London, UK

⁹Institute of Cellular Medicine, Faculty of Medical Sciences, Newcastle University, UK

*Corresponding authors. Addresses: Clinical Research Fellow in Virology (NHS Blood and Transplant), Blood Borne Virus Unit, Virus Reference Department, National Infection Service, Public Health England, London NW9 5EQ, UK (M. Ankcorn), or The Liver Unit, Freeman Hospital, Level 6, Freeman Road, Newcastle upon Tyne, NE7 7DN, United Kingdom (S. McPherson).

E-mail addresses: michaelankcorn@nhs.net, stuart.mcpherson@nuth.nhs.uk



Role of HGF for reprogramming human liver progenitor cells: Non-essential but stimulative supplement

To the Editor:

With great interest, we read the article written by Kim *et al.* in a recent issue of *Journal of Hepatology*.¹ The authors developed a successful HAC culture system for reprogramming mature human hepatocytes into bipotential progenitor cells treated with 2 small molecules A83-01 and CHIR99021 (AC) in combination with hepatocyte growth factor (HGF). Their chemically derived human hepatocyte progenitors could sustain themselves as a population of progenitor cells over a long period while maintaining chromosomal stability and the capacity to differentiate into functional hepatocytes and biliary epithelial cells *in vitro* and *in vivo*.

Kim and colleagues showed that the use of HGF proved to be an essential determinant of the fate conversion process. In their initial work, the authors have adopted the methodology recently described by Katsuda *et al.*^{2,3} They confirmed that a cocktail of 3 small chemicals, Y27632, A83-01, and CHIR99021 (YAC), which was very effective in reprogramming mouse and rat hepatocytes, did not support the conversion process in human hepatocytes. The authors observed that YAC-treated human hepatocytes rapidly died off without proliferation. In

our laboratory, however, we verified the validity of the YAC cocktail for conversion of human hepatocytes into liver progenitor-like cells. In our identical culture system of YAC initiated by Katsuda *et al.*, the YAC-treated human hepatocytes are slowly converted into stemness state cells with a high ratio of nucleus to cytoplasm. Unlike the rapid expansion of progenitor cells in Kim's HAC culture system, the YAC culture system, without supplemental HGF, takes about 3 to 4 weeks to convert human hepatocytes into the progenitor-like cells expressing high levels of stem cell genes. Our data demonstrate the validity of the YAC cocktail without supplemental HGF for conversion of human hepatocytes into liver progenitor-like cells. Based on the above, we believe that, for reprogramming human liver progenitor cells, exogenous HGF is a non-essential but stimulative supplement or factor, with functions in proliferation and stem cell expansion, but not reprogramming.⁴

Secondly, in the YAC culture system, we observed fibroblast-like cells also proliferated during the reversion process of human hepatocytes but not rat hepatocytes. In our YAC culture system, no FBS were added, however, in Kim's culture system, the authors defined HAC culture system contained 1% of FBS, a

fact which was believed to enhance the cell attachment.^{5,6} Hence, we are curious about whether this phenomenon of fibroblast-like cells is also observed in the HAC culture system.

Thirdly, the authors used 6 cases of mature human hepatocytes isolated from healthy and diseased donor livers. To our knowledge, we only isolated the mature hepatocytes from the normal parts of the diseased liver, which are termed non-tumor liver. Strictly speaking, we only use the hepatocytes either from the healthy liver or the non-tumor part of a diseased liver. This is a vital point to consider when interpreting this data, otherwise one may be misled into believing that the culture system can also reprogram the diseased hepatocytes (tumor cells *etc.*) into progenitor cells.

We applaud Kim and colleagues for providing the successful HAC culture system for reprogramming human liver progenitor cells with a rapid expansion rate. It not only overcomes the low conversion efficiency but also reported no other fibroblast-like cells in YAC culture system. Their important work also advances our understanding of the chemical reprogramming of human progenitor cells *in vitro*, offering a different view for the optimization of culture systems in the future.

Financial support

The authors received no financial support to produce this manuscript.

Conflict of interest

The authors declare no conflicts of interest that pertain to this work.

Please refer to the accompanying [ICMJE disclosure](#) forms for further details.

Authors' contributions

Conception, design and writing: YH and SE. Review and revision of the manuscript: YH, YS, TM, TH, WG and SE. Study supervision: SE.

Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.jhep.2019.03.017>.

References

Author names in bold designate shared co-first authorship

- [1] **Kim Y, Kang K**, Lee SB, Seo D, Yoon S, Kim SJ, et al. Small molecule-mediated reprogramming of human hepatocytes into bipotent progenitor cells. *J Hepatol* 2019;70:97–107. <https://doi.org/10.1016/j.jhep.2018.09.007>.
- [2] Katsuda T, Kawamata M, Hagiwara K, Takahashi RU, Yamamoto Y, Camargo FD, et al. Conversion of terminally committed hepatocytes to culturable bipotent progenitor cells with regenerative capacity. *Cell Stem Cell* 2017. <https://doi.org/10.1016/j.stem.2016.10.007>.
- [3] Katsuda T, Ochiya T. Chemically induced liver progenitors (CLiPs): a novel cell source for hepatocytes and biliary epithelial cells. *Methods Mol Biol* 2019;1905:117–130. https://doi.org/10.1007/978-1-4939-8961-4_11.
- [4] Lin Y, Fang Z-P, Liu H-J, Wang L-J, Cheng Z, Tang N, et al. HGF/R-spondin1 rescues liver dysfunction through the induction of Lgr5(+) liver stem cells. *Nat Commun* 2017;8:1175. <https://doi.org/10.1038/s41467-017-01341-6>.
- [5] Tseng SC, Kruse FE, Merritt J, Li DQ. Comparison between serum-free and fibroblast-cocultured single-cell clonal culture systems: evidence showing that epithelial anti-apoptotic activity is present in 3T3 fibroblast-conditioned media. *Curr Eye Res* 1996;15:973–984.
- [6] Steele JG, Dalton BA, Johnson G, Underwood PA. Adsorption of fibronectin and vitronectin onto Primaria and tissue culture polystyrene and relationship to the mechanism of initial attachment of human vein endothelial cells and BHK-21 fibroblasts. *Biomaterials* 1995;16:1057–1067.

Yu Huang^{1,2,*}
Takayuki Miyoshi¹
Yusuke Sakai¹
Takanobu Hara¹
Wei-li Gu^{2,*}
Susumu Eguchi^{1,*}

¹Department of Surgery, Nagasaki University Graduate School of Biomedical Sciences, 1-7-1 Sakamoto, Nagasaki 852-8501, Japan

²Department of Hepato-pancreato-biliary Surgery, Guangzhou First People's Hospital, School of Medicine, South China University of Technology, Guangzhou Digestive Disease Center, Guangzhou 510180, China

*Corresponding authors. Addresses: Department of Surgery, Nagasaki University Graduate School of Biomedical Sciences, 1-7-1 Sakamoto, Nagasaki 852-8501, Japan (Y. Huang and S. Eguchi), or Department of Hepato-pancreato-biliary Surgery, Guangzhou First People's Hospital, School of Medicine, South China University of Technology, Guangzhou Digestive Disease Center, Guangzhou 510180, China (W.-L. Gu).

E-mail addresses: bb55317009@ms.nagasaki-u.ac.jp, lili-6423@163.com, sueguchi@nagasaki-u.ac.jp



Reply to: “Role of HGF for reprogramming human liver progenitor cells: Non-essential but stimulative supplement”

To the Editor:

We thank Dr. Huang and colleagues for their interest and comments on our recent study, “Small molecule-mediated reprogramming of human hepatocytes into bipotent progenitor cells” published in the *Journal of Hepatology*.¹

We learnt with great interest from the Dr. Huang's letter that the YAC cocktail (Y27632, A83-01, and CHIR99021) originally developed by Katsuda *et al.*² for reprogramming of rodent hepatocytes was also effective in human hepatocytes. The process of conversion of human hepatocytes into stemness state using the