# The relationship between IL-28B genotypes and viral load in HCV chronic hepatitis genotype 4 Egyptian

Thesis
Submitted for Partial Fulfillment of Master Degree
in Internal Medicine

By Tamer Mohammed Fakhry (M.B.B.Ch)

Faculty of medicine- Mansoura university

Supervised by

Prof. Dr / Osama Abo El Fotoh EL Sayed Professor of Internal Medicine Faculty of Medicine- Ain Shams University

Prof. Dr / Moataz Mohammed Sayed Assist Professor of Internal Medicine Faculty of Medicine- Ain Shams University

Prof.Dr / Wael Ahmed Yousri Assist Professor of Internal Medicine Faculty of Medicine- Ain Shams University

Ain Shams University 2014

## Acknowledgement

#### Before and above all, thank GOD for everything.

I am greatly honored to express my sincere gratitude, deepest appreciation to **Prof. Dr / Osama Abo El Fotoh EL Sayed**, for his precious time, unlimited help, outstanding guidance and kind support throughout the work.

*I* would like to express my deepest gratitude and appreciation to **Assistant Prof. Dr/ Moataz Mohammed Sayed**, for his generous help, guidance and unlimited support.

*I* would like to express my deepest gratitude and appreciation to **Assistant Prof. Dr / Wael Ahmed Yousri**, for his generous help, guidance and faithful support.

I would like also to thank **Prof. Dr.sara Hassan**, for the great work she has done for this study.

*I* would like to thank all patients who participated in this study and wish them a soon recovery.

*I* dedicate this work to my family who supported me all through this work.

May ALLAH accept the work of all those and reward them for it.

Tamer Mohammed Fakhry

## **LIST OF CONTENTS**

	Page No.
Introduction and Aim of the Work	1
Review of Literature	4
Patients and Methods	97
Results	116
Discussion	123
Summary and Conclusion	130
Recommendations	134
References	135
Arabic Summary	—

## **LIST OF FIGURES**

Figure No.	Page No.
Figure (1):	Structure of HCV5
Figure (2):	The genome of HCV7
Figure (3):	Global HCV prevelance world wide11
Figure (4):	Global HCV spread world wide11
Figure (5):	symptoms of HCV18
Figure (6):	Virological response to therapy58
Figure (7):	Genotype as a predictor of response72
Figure (8):	The IL28–IL29 locus on chromosome 19. C91
Figure (9):	rs12979860 C allele frequency in worldwide populations
Figure (10):	Different PCR devices used in the study100
Figure (11):	DNA sequencer used in the study101
Figure (12):	Cycle sequencing reaction103
Figure (13):	Purification of extension products107

<b>Figure (14)</b> :	Electropherogram view of analyzed data
	obtained from labeled amplified genes with
	big dye terminator
<b>Figure (15):</b>	Nucleotide sequence (bases) obtained from
	amplified gene products with big dye
	terminator113
<b>Figure (16):</b>	Sex distribution in studied patients116
<b>Figure (17):</b>	IL28b genotype in studied patients117
<b>Figure (18):</b>	Sex distribution among groups120
Figure (19):	Comparison between different gene
	polymorphisms as regard to results of PCR122

## **LIST OF TABLES**

Table No.	Page No.
<b>Table (1):</b>	HCV-related extrahepatic manifestations22
<b>Table (2):</b>	Conversion Chart
<b>Table (3):</b>	Characteristics of persons for whom therapy is currently contraindicated42
<b>Table (4):</b>	Recommended Treatment for Chronic Hepatitis C Virus Infection by the Most Common Genotypes in the United States49
<b>Table (5):</b>	Adverse Effects of Pegylated Interferon and Ribavirin (Rebetol) for the Treatment of Hepatitis C Virus Infection
<b>Table (6):</b>	Virological Responses during Therapy and Definitions
<b>Table (7):</b>	Big Dye terminators labeling with Rhodamine acceptor dyes
<b>Table (8):</b>	Cycle sequencing reaction mixture105
<b>Table (9):</b>	Sex distribution in the 3 groups using Chi square test

<b>Table (10):</b>	Age comparison in the 3 groups using	
	ANOVA test	18
<b>Table (11):</b>	Laboratory findings in the 3 groups before treatment	21
<b>Table (12):</b>	Comparison between different gene polymorphisms as regard to results of PCR	
	(virus load) before treatment	22

#### **LIST OF ABBREVIATIONS**

**AA** : Amino Acid

**AASLD** : American Association For The Study Of Liver

Disease

**AFP** : Alpha Fetoprotein

**Ag** : Antigen

**ALT** : Alanine Aminotransferase

**AP** : Alkaline Phosphatatase

**AST** : Aspartate Aminotransferases

**AT** : Antithrombin

**BMI** : Body Mass Index

**CLD** : Chronic Liver Disease

**D. Bil** : Direct Bilirubin

**DAA** : Direct-Acting Antiviral Agent

**DNA** : De-Oxy Ribonucleic Acid

**DVR** : Delayed Virological Response

**EDHS** : Egyptian Demographic Health Survey

**EIA** : Enzyme Linked Immunosorbent Essay

**EVR** : Early Virologic Response

**FDA** : Food And Drug Administration

**GGT** : Gamma Gluteryl Transferase

**HBeAg**: Hepatitis B E Antigen

**HBsAg** : Hepatitis B Surface Antigen

**HBV**: Hepatitis B Virus

**HCC**: Hepatocellular Carcinoma

**HCV**: Hepatitis C Virus

**Hgb** : Hemoglobin

**HIV**: Human Immune Deficiency Virus

**HRS** : Hepato-Renal Syndrom

**IFN**  $\alpha$  : Interferon alfa

**IFN-3**: Interferon-3

**IgM** : Immunoglobulin M

**IL28B** : Interleukin 28b

**INF** : Interferon

**INR** : International Normalization Ratio

**ITP** : Immune Thrombocytopenic Purpura

**IU**: International Unit

**KD** : Kilo Dalton

**LKM** : Liver/kidney microsomes

**Mb** : Mega base

mRNA : Messenger Ribonucleic Acid

NI : Nucleoside Analogue Inhibitor

NIHC: National Institutes of Health Consensus

**Development Conference** 

NK : Natural Killer

NNI : Non Nucleoside Inhibitor

NRTI : Neucloside Reverse Transcriptase Inhibitor

NS : Non Structural

**PCR**: Polymerase Chain Reaction

**PEG-IFN**: Pegylated Interferon

**PHTN**: Portal Hypertension

**PLT** : Platelets

**PT** : Prothrombin Time

**PVT** : Portal Vein Thrombosis

**RBV**: Ribavirin

**RDRP** : RNA Dependent RNA Polymerase

**RNA** : Riboneucleic Acid Of Hepatitis C Virus

**RVR** : Rapid Virologic Response

**SBP** : Spontaneous Bacterial Peritonitis

**SNPs** : Single nucleotide polymorphisms

**STAT-C**: Specially Targeted Antiviral Therapy For HCV

**SVR** : Sustained Virologic Response

**T.bil** : Total Bilirubin

**TE** : Transient Elastography

Te : Transient Elastography

**TGF**: Transforming Growth Factor

**TMA** : Transcription Mediated Amplification

**TSH**: Thyroid Stimulating Hormone

U/S : Ultra Sound

**USA** : United States Of America

**UTR** : Untranslated Regions

**WBC**: White Blood Cells

**WHO**: World Health Organization

#### **Abstract**

**Background**: Egypt has the highest prevalence of HCV worldwide 13.8 %. The treatment with (IFN- $\alpha$ ) and ribavirin. As these therapies have side effects and high costs, it is important to identify patients having the best chance to respond before initiation of therapy.

**Objective:** The objective of the study is to determine the correlation between Hcv viral load and IL-28B genotypes before starting treatment and to find out if viral load and IL-28B genotypes could serve as a predictor of response to HCV treatment in Egyptian patients infected by HCV genotype 4.

**Methods**: This study was conducted on 30 patients with chronic hepatitis C genotype 4 before treatment with pegylated interferone and ribavirin.IL28 genotyping prior to treatment will be assessed and patients divided according to their genotype into 3 groups:

Group 1: CC Group 2: CT Group 3: TT

Correlation between IL28b genotyping and viral load was studied and statistically analyzed

#### **Results:**

There is significant increase of virus load in TT polymorphism group (367.02±308.99) when compared to CT (111.27±87.10) or CC (273.47±311.59) groups.

**Conclusion:** baseline viral load is strongly correlated with and IL-28B genotypes, baseline viral load and IL28B may help in selecting patients prior to initiation of treatment. This will help a lot in cutting costs and in prioritization of patients.

**Keywords:** HCV, baseline viral load, IL-28B genotypes.

#### **INTRODUCTION**

Chronic hepatitis C virus is a major health problem affects ~ 170 million individuals worldwide, Egypt has one of the highest HCV prevalences in the world. Genotype 4 comprises 93% of the total HCV infections in Egypt, and other genotypes comprise only small proportions of the infected population (El-Zayadi et al., 1994 & Abdel-Hamid et al., 2007).

The combination of a pegylated IFN plus ribavirin, together they significantly increases sustained virological response rates (**Zeuzem et al., 2009**). It is important in treating the chronic HCV infection to identify patient and viral characteristics that predict response to current therapies. These factors include; HCV genotype, viral load, body weight, age, liver histology, co-infection with HIV and treatment adherence and patient tolerance (**Nelson et al., 2009**).

Recent studies showed that presence of IL28b affects response of hepatitis C virus to interferon-based therapy as well. Among people with hepatitis C, individuals with the C/C gene pattern, meaning they carry 2 copies of the "C" variant or allele- are more likely to respond well to interferon Alfa plus ribavirin. People with the T/T pattern have the least favorable

response, while those carrying 1 "C" and 1 "T" allele fall somewhere in between (Kurbanov et al., 2010).

The rapid virologic response (RVR) is a key element in the early identification of patients who may benefit from treatment regimens; thus, RVR is now regarded as a valuable tool in the clinical management of genotype 4 HCV patients (Kamal et al., 2007).

There is a correlation between viral load and IL-28B genotypes in HCV chronic hepatitis genotype 4. We therefore conducted this prospective study, to determine this correlation as a pretreatment variable that could be clinically useful as predictor of RVR, which will be useful for tailoring anti-viral regimens.

#### **AIM OF WORK**

The objective of the study is to determine the correlation between Hcv viral load and IL-28B genotypes before starting treatment and to find out if viral load and IL-28B genotypes could serve as a predictor of response to HCV treatment in Egyptian patients infected by HCV genotype 4.