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# A single-nucleotide polymorphism of *IL12A* gene (rs582537 A/C/G) and susceptibility to chronic hepatitis B virus infection among Iraqi patients

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## Abstract

A case–control study (80 patients with chronic hepatitis B virus [HBV] infection and 96 controls) was performed to evaluate the association of an *IL12A* gene variant (rs582537 A/C/G) with HBV infection. Allele G showed a significantly lower frequency in patients compared to controls (31.2 vs. 46.9%; probability [ $p$ ] = 0.009; corrected  $p$  [ $pc$ ] = 0.027) and was associated with a lower risk of HBV infection (odds ratio [OR] = 0.49; 95% confidence interval [CI] = 0.29–0.83). A similar lower risk was associated with genotypes CG (17.5 vs. 29.2; OR = 0.25; 95% CI = 0.08–0.81;  $p$  = 0.02) and GG (10.0 vs. 16.7; OR = 0.25; 95% CI = 0.07–0.91;  $p$  = 0.036), but the  $pc$  value was not significant (0.12 and 0.126, respectively). Serum IL-35 levels showed significant differences between individuals of different genotypes ( $p$  = 0.007). The highest median was associated with CA genotype (286.5 pg/mL), followed by genotypes CG (227.0 pg/mL), GG (206.5 pg/mL), CC (169.0 pg/mL), AA (137.5 pg/mL) and finally AG (125.0 pg/mL). In conclusion, rs582537 appears to be an important genetic variant that may influence not only susceptibility to HBV infection but IL-35 levels.

**Keywords:** Hepatitis B virus, Interleukin-35, *IL12A*, Single-nucleotide polymorphism, rs582537

## Introduction

We recently demonstrated that interleukin (IL)-35 showed significantly lower levels in serum of patients infected with hepatitis B virus (HBV) compared to a healthy control group [1]. IL-35 is heterodimeric cytokine consisting of two subunits: IL-12 $\alpha$  chain p35 (IL-12p35) and IL-27 $\beta$  chain Epstein–Barr virus-induced 3 (EBI3). IL-12p35 subunit is encoded by *IL12A* gene, which is located in the long arm of human chromosome 3 (3q25.33) [2]. Two single-nucleotide polymorphisms (SNPs) located in intron 2 of the *IL12A* gene (rs582054 and rs583911) were also studied by our group

to assess their association with HBV infection. rs583911 showed no association, while A allele and AT genotype of rs582054 were significantly associated with the risk of HBV infection [3]. rs582537 is a SNP located between the SNPs rs582054 and rs583911, and studies have associated this SNP with susceptibility to primary biliary cholangitis (PBC) [4–6]. PBC, formerly known as primary biliary cirrhosis, is a chronic autoimmune disorder that results in progressive destruction of intrahepatic bile ducts resulting in cholestasis, which in turn leads to cirrhosis [7]. It has been reported that previous infection with HBV may exacerbate the severity of PBC and may lead to poorer outcomes [8]. Therefore, we hypothesized that SNP rs582537 may also be associated with the risk of HBV infection. To the best knowledge of investigators, this SNP has not been studied in HBV infection.

A case–control study (80 patients with chronic HBV infection and 96 controls) was performed during

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January–July 2020 to evaluate the association between rs582537 and susceptibility to HBV infection. Information for patients and controls was previously detailed [1, 3]. An allele-specific polymerase chain reaction (PCR) assay was used to amplify a 251-bp DNA region comprising rs582537 A/C/G (ancestral allele: C) using three forward primers (FA: 5'-TTTGGGCAATTGTCTGTC TCA-3', FC: 5'-TTTGGGCACTTGTCTGTCTCA-3' and FG: 5'- TTTGGGCAAGTTGTCTGTCTCA-3') and one reverse primer (5'-TTGCAGTGCACAGACGC-3'). Agarose gel electrophoresis was performed to detect genotypes of PCR products. These methods were previously detailed [3].

Genotype frequencies were tested for Hardy–Weinberg equilibrium (HWE) using Pearson’s chi-square goodness-of-fit test. Two-tailed Fisher’s exact test was used to assess significant differences between allele and genotype frequencies. Age- and gender-adjusted multinomial logistic regression was performed to calculate odds ratio (OR) and 95% confidence interval (CI). Serum levels of IL-35 were given as median and interquartile range (IQR). Significant differences between medians were assessed with Kruskal–Wallis test. A probability (*p*) value ≤ was considered significant. Bonferroni correction was applied to correct *p* value (*pc*) due to multiple comparisons. GraphPad Prism version 8.0.0 (San Diego, California, USA) and IBM SPSS Statistics 25.0 (Armonk, NY: IBM Corp.) were used to perform statistical analysis.

rs582537 was recognized by six genotypes (CC, CA, CG, AA, AG and GG) corresponding to three alleles (C, A and G). Genotype frequencies of rs582537 were in good agreement with HWE in HBV patients and controls (*p* = 0.529 and 0.127, respectively). Allele G showed a significantly decreased frequency in patients compared

to controls (31.2 vs. 46.9%; *p* = 0.009; *pc* = 0.027) and was associated with a lower risk of HBV infection (OR = 0.49; 95% CI = 0.29–0.83). A similar lower risk was associated with genotypes CG (17.5 vs. 29.2; OR = 0.25; 95% CI = 0.08–0.81; *p* = 0.02) and GG (10.0 vs. 16.7; OR = 0.25; 95% CI = 0.07–0.91; *p* = 0.036), but the *pc* value was not significant (0.12 and 0.126, respectively) (Table 1).

Predetermined IL-35 levels [1] were examined in all participants (patients and controls) after stratification by rs582537 genotypes. Median IL-35 levels showed significant differences between individuals of different genotypes (*p* = 0.007). The highest median was associated with CA genotype (286.5 [IQR 169.0–523.0] pg/mL), followed by genotypes CG (227.0 [IQR 161.0–430.0] pg/mL), GG (206.5 [IQR 106.5–336.5] pg/mL), CC (169.0 [IQR 144.0–282.0] pg/mL), AA (137.5 [IQR 118.0–335.0] pg/mL) and finally AG (125.0 [IQR 67.0–210.0] pg/mL) (Fig. 1).

These data indicate that G allele may have protective effects against the development of HBV infection. Besides, IL-35 serum levels were influenced by rs582537 genotypes. Interestingly, genotypes comprising G allele ranked second and third among the highest level order of IL-35. Thus, the down-regulated levels of IL-35 in HBV patients [1] might be causally related to the observed lower frequency of G allele and GG genotype. Similar to our study, a strong association between rs582537 and PBC was reported and the SNP was considered a risk variant involved in the pathogenesis of disease [4–6].

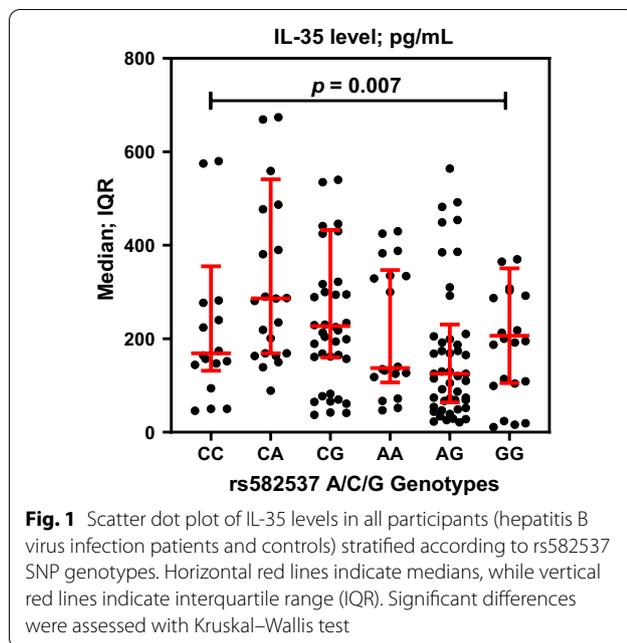
In conclusion, rs582537 appears to be an important genetic variant that may influence not only susceptibility to HBV infection but IL-35 levels. As this study was the first, further studies in genetically different population

**Table 1** Multinomial logistic regression analysis of SNP rs582537 A/C/G (Ancestral: C) in hepatitis B virus infection patients versus controls

Allele/Genotype	Patients (N = 80)		Controls (N = 96)		OR	95% CI	<i>p</i> value ( <i>pc</i> )
	N	%	N	%			
C	54	33.8	48	25.0	Reference		
A	56	35.0	54	28.1	0.92	0.54–1.58	0.785 (1.0)
G	50	31.2	90	46.9	0.49	0.29–0.83	<b>0.009 (0.027)</b>
CC	12	15.0	6	6.3	Reference		
CA	16	20.0	8	8.3	1.00	0.27–3.66	1.0 (1.0)
CG	14	17.5	28	29.2	0.25	0.08–0.81	<b>0.02</b> (0.12)
AA	10	12.5	8	8.3	0.63	0.162–2.41	0.495 (1.0)
AG	20	25.0	30	31.3	0.33	0.11–1.03	0.057 (0.45)
GG	8	10.0	16	16.7	0.25	0.07–0.91	<b>0.036</b> (0.126)
HWE- <i>p</i> value	0.529		0.127				

HWE Hardy–Weinberg equilibrium, OR Odds ratio, CI Confidence interval, *p* Two-tailed Fisher’s exact probability, *pc* Bonferroni correction probability.

Significant *p* value is indicated in bold



groups [9, 10] are warranted to understand the role of rs582537 in the pathogenesis of HBV infection.

#### Abbreviations

CI: Confidence interval; EB13: IL-27 $\beta$  chain Epstein–Barr virus-induced 3; HBV: Hepatitis B virus; HWE: Hardy–Weinberg equilibrium; IL: Interleukin; IL-12p35: IL-12 $\alpha$  chain p35; IQR: Interquartile range; OR: Odds ratio;  $p$ : Probability; PBC: Primary biliary cholangitis;  $p_c$ : Corrected probability; SNP: Single-nucleotide polymorphism.

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#### Author contributions

The three authors (RTM, RHA and AHA) contributed equally to data management, statistical analyzes and manuscript writing and reviewing. All authors read and approved the final manuscript.

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#### Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

#### Declarations

##### Ethics approval and consent to participate

The Ethical Approval Committee at the University of Anbar approved the study (Reference: 23).

##### Consent for publication

Not applicable.

##### Competing interests

The authors declare that they have no competing interests.

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