

## The Association of vitamin D metabolic pathway related genes polymorphisms with virologic response in HBeAg-negative patients treated with pegylated interferon: Multicenter study

Kessarinn Thanapirom<sup>1</sup>, Sirinporn Suksawatamnuay<sup>1</sup>, Wattana Sukeepaisarnjareon<sup>2</sup>, Tawesak Tanwandee<sup>3</sup>, Satawat Thongsawat<sup>4</sup>, Teerha Piratvisuth<sup>5</sup>, Rattana Boonsirichan<sup>6</sup>, Chalermrat Bunchorntavakul<sup>7</sup>, Chaowalit Pattanasirigool<sup>8</sup>, Bubpha Pornthisarn<sup>9</sup>, Supot Tantipanichtheerakul<sup>10</sup>, Ekawee Sripariwuth<sup>11</sup>, Woramon Jamsripong<sup>12</sup>, Teeranan Sanpajit<sup>13</sup>, Yong Poovorawan<sup>14</sup>, Piyawat Komolmit<sup>1</sup>

<sup>1</sup>Division of Gastroenterology, Department of Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand. <sup>2</sup>Department of Medicine,

Faculty of Medicine, KhonKaen University, KhonKaen, Thailand. <sup>3</sup>Division of Gastroenterology, Department of Medicine, Siriraj Hospital, Bangkok, Thailand. <sup>4</sup>Department of Internal Medicine, Chiang Mai University, Muang District, Chiang Mai, Thailand. <sup>5</sup>Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand. <sup>6</sup>Faculty of Medicine, Vajira Hospital, Bangkok, Thailand. <sup>7</sup>Faculty of Medicine, Rajavithi Hospital, Bangkok, Thailand. <sup>8</sup>Faculty of Medicine, Police General hospital, Bangkok, Thailand. <sup>9</sup>Faculty of Medicine, Thammasat University Hospital, Bangkok, Thailand. <sup>10</sup>Faculty of Medicine, BhumibolAdulyadej Hospital, Bangkok, Thailand. <sup>11</sup>Faculty of Medicine, Naresuan University, Phitsanulok, Thailand.

<sup>12</sup>Faculty of Medicine, Buddhachinaraj Hospital, Phitsanulok, Thailand.

<sup>13</sup>Phramongkutklo Hospital, Bangkok, Thailand. <sup>14</sup>Center of Excellence in Clinical Virology Department of Pediatrics, Faculty of Medicine, Chulalongkorn University, Thailand.

**Background/aims:** In chronic hepatitis B (CHB)-infected patients, low serum vitamin D level are associated with high level of hepatitis B virus (HBV) replication. From GWAS data, the number of single nucleotide polymorphisms (SNPs) within the 7-dehydrocholesterol reductase (*DHCR7*), 1- $\alpha$ -hydroxylase (*CYP27B1*), Cytochrome P450, family 2, subfamily R, polypeptide 1 (*CYP2R1*), vitamin D binding protein (*GC*) and vitamin D receptor (*VDR*) of the vitamin D synthetic pathway is related with vitamin D level and function. This study aimed to determine the association between the SNPs of vitamin D cascade and response to peginterferon (PegIFN) therapy in patients with HBeAg-negative CHB infection.

**Methods:** 115 patients with HBeAg-negative CHB infection treated for 48 weeks with PegIFN-alfa 2a from 13 hospitals were prospectively enrolled. Thirteen SNPs across the vitamin D cascade related genes, including *DHCR7* (rs12785878), *CYP27B1* (rs10877012), *CYP2R1* (rs2060793, rs12794714), *GC* (rs4588, rs7041, rs222020, rs2282679) and *VDR* (*FokI*, *BsmI*, *Tru9I*, *ApaI*, *TaqI*) were genotyped. The virologic response was defined as HBV-DNA < 2,000 IU/ml.

**Results:** Majority of patients (81.7%) had HBV genotype C and 5.3% (n=5) had liver cirrhosis. At 24 weeks after therapy, 55.7% (n=54) achieved sustained virologic response (SVR) and 6.3% (n=6) cleared HBsAg. Seventy-two patients (79.1%) gained end-of-therapy virologic response (ETVR). The non-CC allele of *FokI* (85.3%) was significant associated with higher ETVR than CC allele of *FokI* (60.9%) (p<0.05). Patients who had non-CC allele of *FokI* tended to have lower mean HBsAg level during therapy than CC allele. The *FokI* polymorphism had no impact on decline of HBV DNA during therapy and 24 weeks of follow-up. All of the studying SNPs in vitamin D pathway were not associated with SVR and HBsAg lost at 24 weeks after therapy. In multivariate analysis, pre-treatment HBsAg level < 10,000 IU/ml (OR=13.71, 95%CI=1.34-140.08, p=0.03) and pre-treatment HBV DNA < 4 log IU/ml

(OR=5.00, 95% CI=1.31-19.08, p=0.02) predicted SVR at 24 weeks after therapy. Pre-treatment HBV DNA < 4 log IU/ml and pre-treatment HBsAg level < 10,000 IU/ml predicted 81% and 61.7% SVR after PEG-IFN treatment.

**Conclusions:** This study suggested that in HBeAg-negative CHB patients treated with PegIFN, genetic variations of *DHCR7*, *CYP27B1*, *CYP2R1*, *GC* and *VDR* gene on vitamin D pathway had no impact on sustained response after therapy. However, the non-CC allele of *FokI* was related with trend of lower HBsAg level during and off-treatment and associated with more virologic response at end-of-therapy than CC allele.

**Figure:** Mean change in serum HBsAg level from baseline, during treatment and 6 months of off-treatment follow-up across *FokI* polymorphism.

